FORM: RC20-5 **TO: Facility Supervisor**

DUE: Forward report to General Manager within 3 working days

ACCIDENT/INCIDENT/INJURY REPORT

Recreation Centers of Sun West, Inc.
19803 R.H. Johnson Boulevard
Sun City West, AZ 85375-4498
623-544-6000

This report is required for ANY accident/ incident occurring on Recreation Center Property.
As soon as the facts are known, the responsible supervisor, club officer, or facility monitor is required to complete this report.
Please use a pen and print legibly.
IF A LIFE THREATENING INJURY OR A FATALITY OCCURS, CALL 911 AND NOTIFY YOUR SUPERVISOR/GENERAL MANAGER IMMEDIATELY!

DATE:	TIME:	DATE REPORTED:

FACILITY (Rec. Center, Golf Course, etc. _____

LOCATION: (Room, Club, Area): _____

PERSON (S) INVOLVED:

NAME #1: PHONE NO.
ADDRESS:
CITY/STATE/ZIP

NAME #2 PHONE NO:
ADDRESS:
CITY/STATE/ZIP

INJURY/ILLNESS:

EMERGENCY RESPONSE PROVIDED BY:
SPECIFIC BODY PART/NATURE OF DAMAGE (CUT, BRUISED, ETC.)
MEDICAL TREATMENT REQUIRED/LOCATION WHERE TREATMENT PROVIDED

ACCIDENT:

PROPERTY DAMAGE:

WITNESSES:

NAME:	ADDRESS:	PHONE NO.
NAME:	ADDRESS:	PHONE NO.
NAME:	ADDRESS:	PHONE NO.

NOTE – THIS IS PAGE ONE OF THREE AND IS AN INTERNAL DOCUMENT. IT IS NOT TO BE SIGNED BY OR A COPY GIVEN TO ANYONE, WHO IS NOT AN EMPLOYEE OF REC CTRS OF SUN CITY WEST

Continue on the reverse side

DETAILS OF INCIDENT AS RECORDED BY EMPLOYEE OR 3RD PARTY
(Not for use to record or scribe incident by Person(s) involved)

_____

_____

_____

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_____

PHOTOGRAPHS (Please attach to Report) if taken

TAKEN BY

REPORTING INDIVIDUAL:

NAME: JOB TITLE (Club Monitor, etc.) PHONE NO.

PERSON INVOLVED: Advised to call Rec. Ctrs, if more medical treatment was needed.
Advised by:
Name_____ **Date:**_____

REVIEWED BY FACILITY SUPERVISOR: ***(SEND COPY TO HR, THEN ROUTE IN ORDER LISTED)***
(IF REPORT IS AN INJURY REPORT, CALL SAFETY COORDINATOR FOR INSTRUCTION IF SUPERVISOR IS NOT AVAILABLE
NAME: DATE:

REVIEWED BY MANAGER:

NAME: DATE:

REVIEWED BY GENERAL MANAGER:

NAME: DATE:

REVIEWED BY SAFETY OFFICER

NAME: DATE:

NOTE – THIS IS PAGE TWO OF THREE AND IS AN INTERNAL DOCUMENT. IT IS NOT TO BE SIGNED BY OR A COPY GIVEN TO ANYONE, WHO IS NOT AN EMPLOYEE OF REC CTRS OF SUN CITY WEST.

INDIVIDUAL STATEMENT FORM – TO BE GIVEN TO EACH PERSON INVOLVED
DETAILS OF INCIDENT AS RECORDED BY PERSON(S) INVOLVED
(Not for use to record or scribe incident by 3rd party or employee)

REPORTING INDIVIDUAL:

NAME:	PHONE NO.

THIS PAGE IS THE ONLY PART OF AN ACCIDENT/INCIDENT/INJURY FORM, WHICH MAY BE SHARED WITH PERSON(S) INVOLVED, BECAUSE THEY ARE THE INDIVIDUAL(S) WHO:

1. **EITHER REPORTS INCIDENT TO EMPLOYEE AND EMPLOYEE FILLS OUT FORM IN THE PRESENCE OF PERSON(S) INVOLVED.**
2. **OR PERSON(S) INVOLVED REPORTS AND FILLS OUT THE FORM THEMSELVES.**

IT IS NOT TO BE ADDED TO OR CORRECTED BY AN EMPLOYEE. DETAILS ARE TO BE SCRIBED EXACTLY AS DESCRIBED BY PERSON(S) INVOLVED.
THIS IS THE ONLY PAGE, WHICH MAY BE COPIED & GIVEN TO PERSON(S) INVOLVED.