## **Community Swimming Pool Accident Form**

Date of Accident	
Time of Accident	
Exact Location (within pool area)	
Type of Accident	
Type of Accident	_
Describe What Happened	
Full Name of Injured Person	
Age of Injured Person	
Address of Injured Person	
Contact Number of Injured Person	
Witnesses (Names & Contact)	
Action Taken	
Name of Reporting Staff	
Signature	
Report Date	