

Bainbridge Island Metropolitan Park & Recreation District  
7666 NE High School Road  
Bainbridge Island, WA 98110

**Non-Employee Incident Report**  
**Aquatics Center**

Instructions: Use this form to report injuries and incidents involving non-employees that occur at the Aquatics Center. It should be completed by person with most knowledge of incident, signed by Department Manager and Division Head, and returned to Administrative Manager as soon as possible after incident.

**General Information**

Today's date \_\_\_\_\_

Name of person completing form \_\_\_\_\_

Job Title \_\_\_\_\_ Dept \_\_\_\_\_ Supervisor \_\_\_\_\_

Type incident

Did an injury occur? \_\_\_no \_\_\_yes

If yes, person injured is: \_\_\_park user \_\_\_class participant \_\_\_other (specify \_\_\_\_\_)

Was property damaged? \_\_\_no \_\_\_yes

Was a vehicle involved? \_\_\_no \_\_\_yes If yes, fill out general Non-Employee Incident Report

If none of the above, what type of incident was it? \_\_\_\_\_

Did incident occur during: \_\_\_Park District program \_\_\_general park use

If District program: Name of program or class \_\_\_\_\_ Dept \_\_\_\_\_

Did incident involve: \_\_\_water rescue \_\_\_dogs \_\_\_slip or fall \_\_\_equipment

**Incident Information** (attach additional pages if needed)

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_ am or pm

Description of incident \_\_\_\_\_

Action taken \_\_\_\_\_

**Name of Person Injured or Involved in Incident** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Injured or involved party is: \_\_\_Adult (age 18 yr or older) \_\_\_Youth (under age 18 yr)

If youth, what is age? \_\_\_\_\_ Was parent/guardian notified? \_\_\_no \_\_\_yes

If no, why not? \_\_\_\_\_ If yes, what time? \_\_\_\_\_ How? \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

(Indicate type of injury and part of body injured on next page)

Did injured party or guardian refuse medical care/ambulance transportation when offered? \_\_\_no \_\_\_yes

Was injured party removed from scene? \_\_\_no \_\_\_yes

If yes, where was injured party transported? \_\_\_medical facility \_\_\_home \_\_\_other

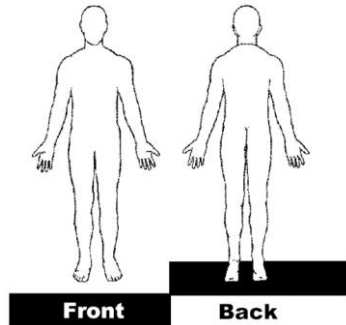
If medical facility, name of facility: \_\_\_\_\_ If other, where? \_\_\_\_\_

How transported? \_\_\_ambulance \_\_\_by parent/guardian \_\_\_by Park District employee

Name of person released to: \_\_\_\_\_

Did incident involve: \_\_\_hospitalization \_\_\_fatality

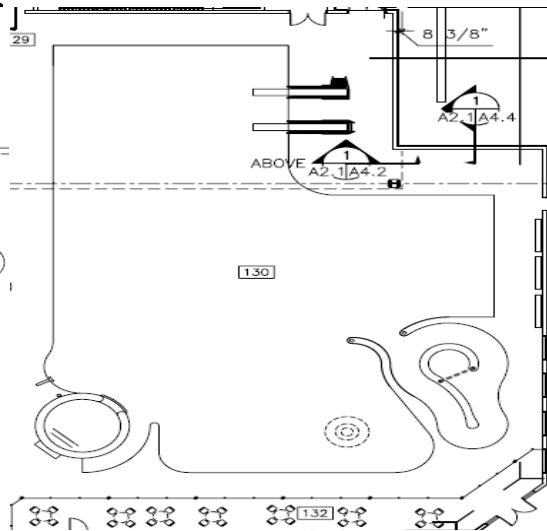
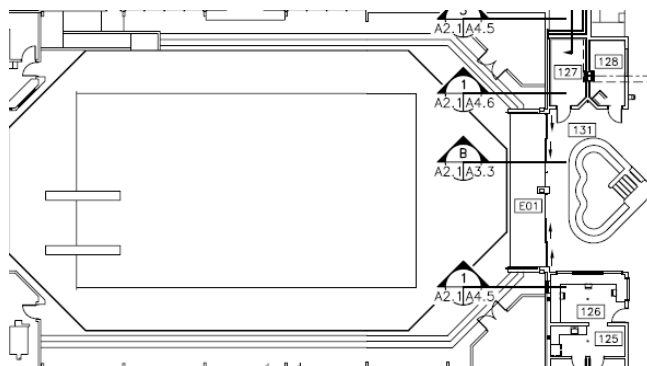
**Indicate Below Location of All Injuries:**



Describe location, type and extent of each injury:

\_\_\_\_\_

**Place X Where Incident Occurred:**



**Check if incident occurred in:**

Locker Room (  Men  Women  Family )  Facility Exterior  Lobby  Meeting Rm

Was incident investigated by authorities?  no  yes If yes,  Fire  Police  Other

If other, specify \_\_\_\_\_

Name of official \_\_\_\_\_ Phone \_\_\_\_\_

Case or report number \_\_\_\_\_ Was citation issued?  no  yes

Name of adult staff member with most knowledge of incident \_\_\_\_\_

Phone \_\_\_\_\_

**Witnesses**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Additional Comments**

\_\_\_\_\_

Reviewed by Dept. Manager: Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by Division Head: Signature \_\_\_\_\_ Date \_\_\_\_\_

Date reviewed by Risk Management Team: \_\_\_\_\_

**For Enduris** Member Contact Person: Administrative Manager 206.842.2306