

INCIDENT FORM - TO BE COMPLETED BY EMPLOYEE

FORM #112

UPDATED 09/09/14



JOHNSON COUNTY
PARK & RECREATION
DISTRICT
7900 Renner Road
Shawnee Mission, KS 66219-9723

ALL incidents, no matter what the severity and whether or not they were witnessed by the person(s) in charge, are to be reported immediately. Reports should be as detailed as possible and returned without delay to your immediate supervisor for approval and routing to the Department Head (Risk Manager). (State only facts on this report form)

Employee Completing Form _____ Date _____

Program Participant:

Park Visitor:

Location of Incident _____

Department _____ Department Supervisor _____

Date of Incident _____ Time of Day _____

Name of Person Involved: _____ Age: _____ (check One) Male Female

Street _____

City _____ State _____ Zip _____ Phone () _____

Describe incident in detail as described by victim/witness (use additional paper if necessary)

What action was taken by employee(s) -- including first aid given?

Were medical personnel called? Yes or No? If Yes, Explain:

Were parents/family members called? Yes or No? If Yes, Explain:

List witnesses to the incident. Include; name, address, & phone (Attach any written statements.)

- 1) _____
- 2) _____
- 3) _____

This Form Is For Reporting Purposes Only And Is Not An Admission Of Liability.
Office Staff - Submit Form to Risk Manager

INCIDENT FORM – INSTRUCTIONS FOR COMPLETION

- Write legibly
 - Fill in all fields
 - State FACTS only
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- Enter your name and the date this form is filled out
 - Check the box to indicate whether the injured person is a program participant or a park visitor (spectators would be considered park/facility visitors)
 - Indicate the date of the incident and the time (approximate, if unknown) it occurred.
 - Enter the first AND last name of the injured party, their age, address, phone number and whether male or female.
 - Enter an accurate description of the incident, as described by the injured party and any witnesses. Note any visible injuries and ask for a description of any unseen injuries (ie; sore ribs, stubbed toe, pulled muscle).
 - Explain the actions you took to assist the injured party and describe any first aid given (ie; ice pack, gauze).
 - Answer yes or no if medical personnel were contacted. Explain who was contacted (911, Park Police, Dispatch).
 - Answer yes or no to indicate if parents/family members were called. (If you answer yes, indicate who was contacted and by what means.)
 - List witnesses (if any) to the incident. Include a name, address and phone number so they may be contacted at a later date if necessary.
 - Check the form over for accuracy of information and make any corrections or fill in any blank spaces.
 - Email completed form to: Prk-riskmanagement@jocogov.org OR send through JCPRD interoffice Courier mail.
 - SUPERVISORS – Please check form for omissions or clarifications and initial and date. Forward a completed copy to the Risk Manager as soon as possible after incident occurs.