



RECREATION CENTERS OF SUN CITY WEST INC.

19803 R.H. Johnson Blvd., Sun City West, Arizona 85375-4498
PHONE: 623-544-6000 FAX: 623-544-6121 rcscw.com scwaz.com

ACCIDENT/INCIDENT/INJURY REPORT RC 20-5
(CONFIDENTIAL INTERNAL DOCUMENT)

This report is required for ANY Accident, Incident or Injury 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 FATALITY OCCURS,
CALL 911 & NOTIFY THE FACILITY LEAD AND OR SUPERVISOR.**

Incident Date: _____ **Incident Time:** _____ **Date Reported:** _____

Facility (*Rec. Center, Golf Course, etc.*): _____

Location (*Room, Club, Area, etc.*): _____

Reporting Individual: (*i.e. Rec. Center Employee, Club Officer, Monitor*)

Name: _____ Title: _____ Phone #: _____

Person (s) Involved

Name # 1: _____ Phone #: _____

Address: _____

City/State/Zip: _____

Name # 2: _____ Phone #: _____

Address: _____

City/State/Zip: _____

(List additional involved persons on the reverse side of this page)

Injury / Illness

Chief Complaint (*Cut Hand, Bruised Knee, Hip Injury, Fainted etc.*)

Was Medical Treatment Provided? No _____ Yes _____

Was Medical Treatment Refused? No _____ Yes _____ (*If Yes, See page 3*)

Emergency Response Provided by: Sheriff _____ Fire Dept. _____ Amb. _____

Sheriff's Report # _____ **Fire Report #** _____

**ACCIDENT/INCIDENT/INJURY
REPORT**
(CONFIDENTIAL INTERNAL DOCUMENT)
Details of the Incident *(To be filled out by Reporting Individual)*

(If additional space is needed use reverse side of this page.)

Condition of the Area: *(Clean, Dry, Wet, etc.)* _____

Were Photos Taken? Yes _____ No _____ **By:** _____ **Phone #** _____
(Please Attach Photos to Report)

Incident Witnesses:

Name: _____ Address _____ Phone # _____

Name: _____ Address _____ Phone # _____

Vehicle Incidents only

Vehicle Make: _____ **Model:** _____ **Year:** _____ **License #** _____

Vehicle Make: _____ **Model:** _____ **Year:** _____ **License #** _____

Property Damage *(ie: Vehicle, Structure Property):* _____

Review, Initial and Forward Report in the Following Order:
(Report due to General Manager within 3 working days)

Facility Lead: _____ Date: _____

Facility Supervisor: _____ Date: _____

Facility Manager: _____ Date: _____

Human Resources: _____ Date: _____

Safety Coordinator: _____ Date: _____

General Manager: _____ Date: _____

