LIQUIVIDA™ LOUNGE

# ACCIDENT / INCIDENT REPORT FORM

Date of Report: MM DD YYYY Date of Incident: MM DD YYYY Time of Incident: AM PM

## INFORMATION ON PERSON ASSISTED

Name: _____ Age: _____ Gender: F M

Address: _____

City & State: _____ Zip Code: _____

Best Contact Phone #: _____ E-mail: _____

Family Contact Name: _____ Phone #: _____

## INCIDENT DATA

Location of Incident: _____

Description of Incident: _____

Did an injury occur? YES NO * If yes, describe the type of injury: _____

## WITNESSES (Attach witness descriptions of incident)

1. Name: _____ Phone Number: _____

   Address: _____

   City & State: _____ Zip Code: _____

   Witness description of incident: _____

2. Name: _____ Phone Number: _____

   Address: _____

   City & State: _____ Zip Code: _____

   Witness description of incident: _____

## CARE PROVIDED

Did victim refuse medical attention by staff? YES NO

If yes, have victim (parent or guardian for a minor) sign here: _____

Date: MM DD YYYY Signature of witness to the refusal of care: _____

Date: MM DD YYYY Did your facility provide care? YES NO

Name of the person(s) that provided care: _____

Describe in detail the care provided: _____

_____

_____

_____

Were emergency medical services (EMS) personnel called? YES NO

If yes, by whom? _____

Time EMS personnel called: AM PM Time EMS personnel arrived: AM PM

Was the victim transported to an emergency facility? YES NO

If yes, where? _____ If no, person returned to activity? YES NO

If the victim is a minor, were the minor's parents/guardian contacted? (if not present) YES NO

## FACILITY DATA

Number of employees on site at time of incident: _____

Number of patrons in facility at time incident: _____

Name(s) of employees involved in incident: _____

_____

## REPORT PREPARED BY

Name: _____ Position: _____

Signature: _____ Date: _____

**Attachments:** *Note any attachments such as an EMS personnel report or follow-up conversations with victim and/or parents or guardian.*