

Name of Rink: _____

Person completing report: _____

Rink Address: _____ Date: _____

COMPLETE IN FULL		
Date of accident:	Day:	Time: am / pm
Name of injured:	Age:	Sex: Male Female
Address:		
City:	State:	Zip: Phone:
If minor, were parents notified: Yes No	If minor, were parents present: Yes No	
Event taking place on ice at time of accident:		
Name of person notified:	Relationship:	
Address:		
City:	State:	Zip: Phone:

COMPLETE IN ALL CASES	
How did accident occur? (Describe fully in patron's words)	
Please Mark with an "X" where the accident occurred	
Ice Resurface Time: am / pm	Type of Cut: Wet Dry
Type of Skate Used: Own Rental	Were skates inspected? Yes No
Were skates defective? Yes No	If so, describe:
Inspector Signature:	Was ice surface at point of fall inspected?: Yes No
Description of Injury:	
Type of Aid given:	Administered by:
Was injured person taken to hospital? Yes No	If yes, what hospital?
If injured person was not taken to hospital, what action was taken?	

IF PUBLIC SKATING:

Location of Monitors time of incident: Indicate location using Rink Diagram on front of report.	Name of Monitors:
# of Monitors in attendance:	
Approximate attendance:	
Name of person causing incident, if applicable:	

Use this space if additional information is required on any of the items on the front page:

WITNESSES

Name: _____

Relationship: _____

Address: _____

Phone: _____

Comments: _____

Name: _____ **Relationship:** _____

Address: _____

Phone: _____

Comments: _____

Signature of person who administered first aid:

Signature of Manager:
