

Date

Ocean Park Association Incident Report

Name		Role			
Name		☐ Employee			
Address		☐ Contractor			
Phono numbor		☐ Volunteer			
		VISICOI			
Email		Other			
Is a Minor involved? Yes	No [If yes, what Adult	was contacted? When?]			
DETAILS OF INCIDENT/A	ACCIDENT				
Incident date	Incident time				
Location					
Injuries/issue					
NOTE: If more space is ne	eded, use the back of t	his form or attach additional informati			
WITNESSES					
		Contact			
Name	Role —	oleContact			
Name	Role	Role Contact			
COMPLETED BY	RE\	/IEWED BY EXECUTIVE DIRECTO			
Name	Date				
Title/Relationship	Signature				
Signature					



Ocean Park Association Incident Report Side 2

ADDITIONAL	NOTES			
FOLLOW UP I	NOTES- HOW	WAS THIS R	ESOLVED?	
Date Resolved				
By Who				
•				
Signature				