



Playground Accident Report

HOW REPORTED	REPORTED TO DISTRICT BY		DATE OF FIRST REPORT		TIME OF FIRST REPORT <input type="checkbox"/> AM <input type="checkbox"/> PM	
	DISTRICT NAME		DISTRICT CONTACT PERSON		PHONE NO.	
LOCATION	PLAYGROUND					
	PLAYGROUND STREET ADDRESS					
TIME OF ACCIDENT	HOUR <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF ACCIDENT				
	<input type="checkbox"/> RAINING <input type="checkbox"/> CLEAR <input type="checkbox"/> SNOWING <input type="checkbox"/> FOG <input type="checkbox"/> DUST <input type="checkbox"/> WIND <input type="checkbox"/> OTHER _____					
LIGHT	<input type="checkbox"/> DAYLIGHT		<input type="checkbox"/> DUSK		<input type="checkbox"/> DAWN <input type="checkbox"/> DARK	
INJURED PARTY	NAME OF INJURED PARTY		PHONE NO.		AGE	
	ADDRESS		CITY		STATE ZIP	
NATURE AND CAUSE OF ACCIDENT	NATURE AND CAUSE OF ACCIDENT					
EMPLOYEES AT SCENE	NAME		JOB TITLE		PHONE NO.	
					TIME ARRIVED <input type="checkbox"/> AM <input type="checkbox"/> PM	
SUPERVISING EMPLOYEES AT TIME OF ACCIDENT	NAME		JOB TITLE		PHONE NO.	
WITNESSES	NAME		PHONE NO.		ADDRESS	
					CITY STATE ZIP	

Playground Accident Report (continued)

EQUIPMENT INVOLVED	DESCRIPTION OF PLAYGROUND EQUIPMENT		
	MANUFACTURER	DATE INSTALLED	INSTALLED BY
	PLAYGROUND DESIGNED BY	PERSON RESPONSIBLE FOR MAINTENANCE	MAINTENANCE SCHEDULE INCLUDED <input type="checkbox"/> YES
	FILL MATERIAL	DEPTH OF FILL MATERIAL	DIMENSION OF FILL AREA
	HEIGHT OF EQUIPMENT	DISTANCE TO OTHER OBJECT(S)	

DIAGRAM

REMARKS	
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SIGNATURES	REPORT COMPLETED BY	SIGNATURE	DATE
	REPORT RECEIVED BY	SIGNATURE	DATE