

# INCIDENT REPORT



Club / Location: \_\_\_\_\_

Incident Date: \_\_\_\_\_

Report Preparer: \_\_\_\_\_

Signature: \_\_\_\_\_

This report **MUST** be completed within one hour of an incident. A copy is to be provided to the club General Manager, Bobby Jones Links' Vice President of Operations, and Bobby Jones Links Human Resources. For Worker's Compensation injuries, a first report of injury document must also be completed and provided to our Workers Compensation Insurer immediately.

## DESCRIPTION OF INCIDENT:

Incident Location: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ AM / PM

**Incident Details:** (How incident happened, what took place, factors leading to event. Be as specific as possible. Use another page if necessary)

Was Anyone Injured: ☐ Yes

☐ No

EMS Called: ☐ Yes

☐ No

Police Notified: ☐ Yes

☐ No

Were there witnesses: ☐ Yes

☐ No

## INDIVIDUAL INVOLVED IN INCIDENT:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

☐

MEMBER

☐

GUEST

☐

STUDENT

☐

VISITOR

☐

STAFF MEMBER

☐

VENDOR / CONTRACTOR

Was medical treatment provided: ☐ Yes ☐ No

☐ Refused Treatment

Where was treatment provided: ☐ On Site ☐ Emergency Room ☐ Other

Describe the injury, or body part injured and other important information:

WITNESSES:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Additional incident information:

INCIDENT RECORD

Date	Action Taken	Name

Record action items associated with the incident.  
*Examples: cart number, serial number, quarantined, inspection information, tested documentation, return to service, discard, etc.*

FOR OFFICIAL USE ONLY

Date:

Report received by: