



TOWN OF WEST SENECA

TOWN SUPERVISOR
SHEILA M. MEEGAN
TOWN COUNCIL
EUGENE P. HART
WILLIAM P. HANLEY, JR.

TO: Honorable Town Board / Town of West Seneca
FROM: Lauren Masset
Youth Service Coordinator
DATE: September 23, 2015
RE: Ice Rink Accident/Incident Report

Dear Honorable Town Board,

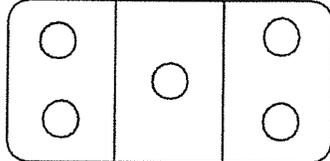
Please kindly move to accept the attached Accident/Incident Report form for the West Seneca Ice Rink (Recreational programs).

Best Regards,

Lauren Masset
Youth Service Coordinator

TOWN OF WEST SENECA ICE RINK ACCIDENT/INCIDENT REPORT

Name & Signature of person completing report: _____
 _____ 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 Skate Used:		Own	Rental	Type of cut: Wet Dry		
Were skates inspected?		Yes	No	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?			If yes, what hospital?			
Yes No						
If injured person was not taken to hospital, what action was taken?						

[Type text]

Location of guards at time of incident: <u>Indicate location using Rink Diagram on front of report:</u>	Name of guards:
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Number of guards 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 to injured person: _____

Address: _____

Phone: _____

Comments: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Comments: _____

Print Name & Signature of person who administered first aid:

Print Name & Signature of Supervisor on Duty:

Print Name & Signature of injured person:

Signature of Recreation Director:

IF UNDER 18 YEARS OF AGE MUST BE SIGNED BY LEGAL PARENT OR GUARDIAN