

Mt. Olive Recreation Incident Log Sheet

(not for First Aid situations)

Date: _____

Time: _____

Incident:

Comments or Observations (*objective please*):

Action Taken:

Were police called? _____ Time: _____ Arrived: _____

Were other emergency services called? No Yes

Which service: _____ Time Arrived: _____

Witnesses:

Name	Address	Telephone
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_____	_____	_____
_____	_____	_____

Signature: _____ Title: _____

Print name: _____ Phone: _____

Use back of the form for more space, if needed.

Completed copy of this form should be sent to the Recreation Department with 72 hours of the incident.