

Bo'ness Amateur Swimming Club (WBSX)

All report forms should be handed or emailed to the lifeguarding coordinator within 48 hours of incident.

Section A: Minor Accident Report

Date	
Time	
Name of injured	
Date of birth	
Type of injury	
Description of accident	
What first aid equipment was administered?	
Were there bodily fluids present?	Yes/ No
What kind of protective gear was worn by lifeguard/ staff? (where appropriate)	
Name of duty lifeguard	
Further advice given	
Further medical intervention required?	

Section B: Major Incident Report

Date/ Time	
Name of casualty	
Address of casualty (include postcode)	
Phone number	
Date of birth	
Type of injury	
Names of all staff involved	
Description of accident	
Description of swimming ability	
What first aid equipment was administered?	
Were there bodily fluids present?	Yes/ No
Were emergency services present?	
What kind of protective gear was worn by lifeguard/ staff? (where appropriate)	
Specific treatment given by the lifeguard (indicate specific actions below)	
Primary survey: ___ Airway ___ Breathing ___ Circulation ___ Deadly bleeding	
Spinal hazard: Yes/ No	
Vital signs:	
Level of consciousness (conscious, unconscious, responsive, unresponsive)	
Breathing (_____ breaths/min) CIRCLE: (Shallow, rapid, irregular, normal)	
Pulse: (_____ beats/min) CIRCLE: (regular, irregular, weak, strong)	
Skin: CIRCLE: (hot/cold, wet/dry, pale/flushed, normal)	
Secondary survey (top to toe)	

Guardian's Name (Print): _____

Guardian's Signature: _____

Duty Lifeguard's Name (Print): _____

Duty Lifeguard's Signature: _____