



**DETAILS OF INCIDENT**

**INCIDENT LOCATION:** (Check facility and write specific name of area)

**FACILITY:**  GRWC (Gallogly Recreation & Wellness Center)  Alpine Field  Trails  
 Mountain Lion Stadium  
 Other \_\_\_\_\_

**EXACT LOCATION OF INCIDENT:** (Detailed location/room) \_\_\_\_\_

**PROGRAM & ACTIVITY DURING WHICH INCIDENT OCCURRED:**

(Check appropriate program and write specific name of activity)

**Program:**  Drop in Rec  SOLE  Rec Program/Class  IM  Rental  Special Event  
 Club Sport  Other \_\_\_\_\_

**Activity:** (if applicable) \_\_\_\_\_

**Rec Equipment Involved/Damaged?**  No  Yes Description/Name/Room \_\_\_\_\_ ID number \_\_\_\_\_

**WITNESSES**

Name of Witness \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Witness \_\_\_\_\_ Phone: \_\_\_\_\_

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

**ADDITIONAL NOTES (as needed)**

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\_\_\_\_\_

**EMPLOYEE SIGNATURES** Form must be completed and turned into Area Coordinator within 24 hours of incident.

Form Completed By

Signature \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Building Manager on Duty

Signature \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**AREA COORDINATOR FOLLOW-UP**

Date Reviewed: \_\_\_/\_\_\_/\_\_\_ Initial: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_