



**East Bay Regional Park District  
Lifeguard Service**

# Rescue Report

Facility _____
Date _____
Time _____
Day of Week:
Sun M T W Th F Sat

Victim Info	Rescue Method	Nature of Incident								
Name: _____ Age: _____ City: _____ Gender: M F Ethnicity: Caucasian African American Hispanic Asian Other: _____ Swim Group: Y N Swimming Ability: Good Fair Poor None	<input type="checkbox"/> Swimming <input type="checkbox"/> Board <input type="checkbox"/> Rescue Tube <input type="checkbox"/> Boat <input type="checkbox"/> Reaching Assist	<input type="checkbox"/> Rescue <input type="checkbox"/> Assist <input type="checkbox"/> Drowning <input type="checkbox"/> Boat Rescue								
Primary Cause	Rescue Initiated From									
<input type="checkbox"/> Fatigue <input type="checkbox"/> Intoxicated <input type="checkbox"/> Lost Floatation Device <input type="checkbox"/> Drop Off <input type="checkbox"/> Panic <input type="checkbox"/> Environmental Factor <input type="checkbox"/> Peer Pressure <input type="checkbox"/> Cramp <input type="checkbox"/> Unattended Child (<8 ) <input type="checkbox"/> Medical Condition (explain): _____ <input type="checkbox"/> Inappropriate Attire: <input type="checkbox"/> Pants <input type="checkbox"/> Shirt <input type="checkbox"/> Shoes <input type="checkbox"/> Other: _____	<input type="checkbox"/> Lifeguard Chair # 1 2 3 4 5 <input type="checkbox"/> Patrol (circle): Walking Board <input type="checkbox"/> Backer									
	Area of Rescue									
	<input type="checkbox"/> Wading Area <input type="checkbox"/> Outside Swim Area <input type="checkbox"/> Swim Area Deep Water Depth: _____ <input type="checkbox"/> Other: _____									
Victim's Activity	Emergency Action									
<input type="checkbox"/> Swimming <input type="checkbox"/> Wading <input type="checkbox"/> Diving <input type="checkbox"/> Wind Surfing <input type="checkbox"/> Boating <input type="checkbox"/> Floatation device <input type="checkbox"/> Shore Fishing <input type="checkbox"/> Attempting Rescue <input type="checkbox"/> Fell Into Water By Accident <input type="checkbox"/> Other: _____	<input type="checkbox"/> Rescue Only <input type="checkbox"/> Water Cleared <input type="checkbox"/> Fire / Ambulance Requested <input type="checkbox"/> Police Requested									
Victim Disposition	Lifeguard Responding Resources									
<input type="checkbox"/> Victim Evaluation (See Reverse Side For Guidelines) <input type="checkbox"/> MIR Completed      Fire Case #: _____ <input type="checkbox"/> Refused First Aid <input type="checkbox"/> Released To Self <input type="checkbox"/> Released to Guardian <input type="checkbox"/> Transferred Medical Care <input type="checkbox"/> Aquatics Supervisor Notified <input type="checkbox"/> Other: _____	<table border="0"> <tr> <td align="center"><u>Lifeguard Name</u></td> <td align="center"><u>Employee #</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	<u>Lifeguard Name</u>	<u>Employee #</u>	_____	_____	_____	_____	_____	_____	
<u>Lifeguard Name</u>	<u>Employee #</u>									
_____	_____									
_____	_____									
_____	_____									
Narrative										
_____ _____ _____ _____ _____ _____										

Form Completed By: \_\_\_\_\_

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

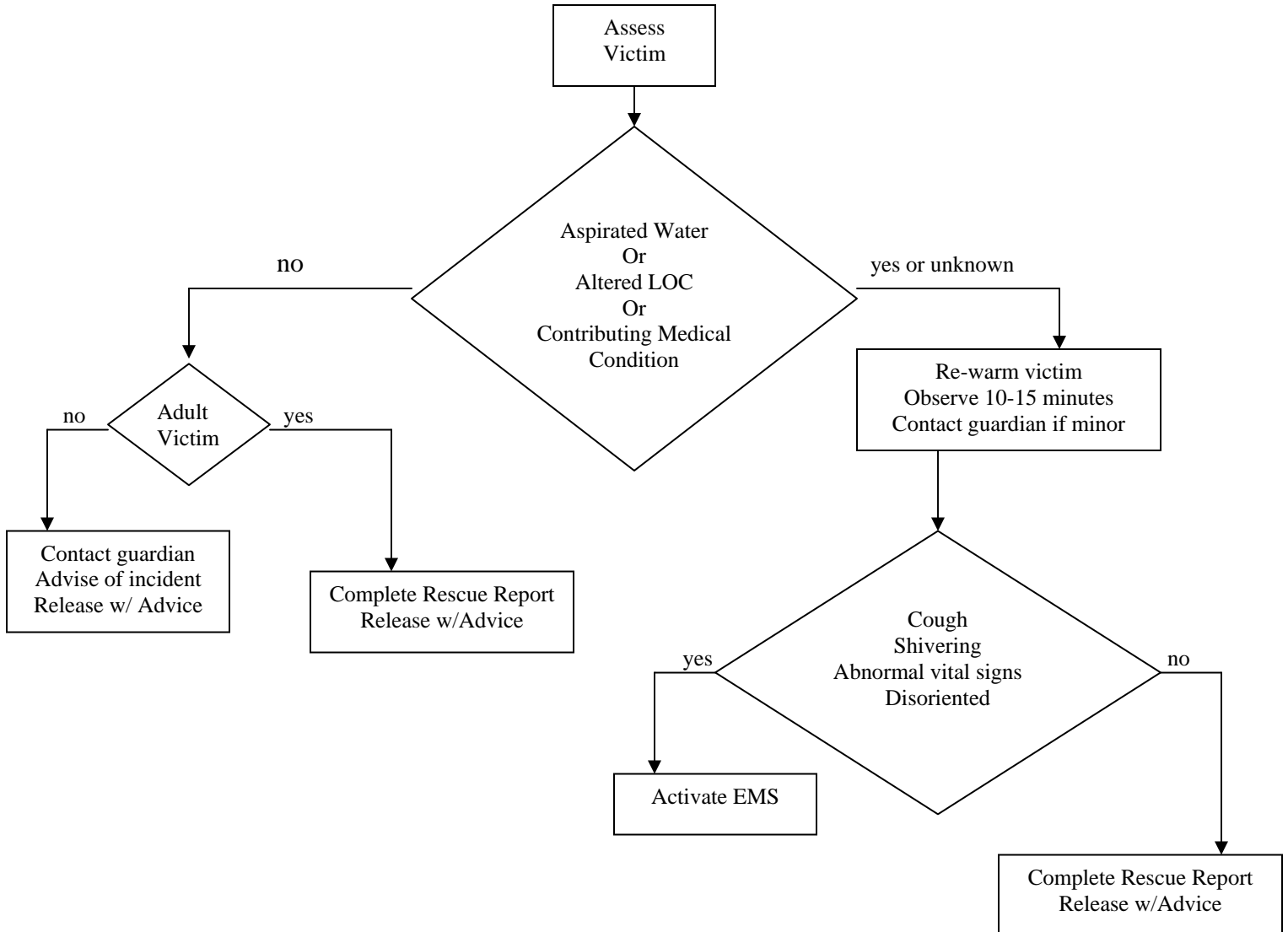


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## Victim Evaluation

If any doubt exists about the victim's condition, EMS should be activated.



### Release Advice:

It is possible to experience delayed lung complications in the next 24 hours. Signs and symptoms may include: a cough, breathlessness, fever, or any other worrying symptom. Special attention should be paid to children. If your (or your child's) condition changes, go to a hospital emergency department in your area, or call your private doctor. In the event of an emergency call 9-1-1.