PUBLIC POOL AND SPA INJURY INCIDENT REPORT FORM

Local Health District Name: _____

Please use one form for each injured person. DO NOT include their personal information (e.g., name, address, phone number, etc.).

Should a reportable incident occur, complete the form, attach all required documentation, and submit to the local health district as stipulated.

- Within 24 hours of an injury, drowning, near drowning, or suction entrapment occurring at a pool or spa that results in death or requires resuscitation transfer/admission to a hospital;
- Within 72 hours of the owner's/operator's knowledge of the incident; and
- Every 3 months during operation or at the facility's season closure, a water rescue by aquatic safety personnel.

FACILITY INFORMATION

Facility Name: | **Facility Address**:

City: | **State**: | **ZIP**: | **Facility Phone**:

Facility Type: ☐Govt/City Pool ☐Apartment/Condo ☐Hotel/Motel ☐Manufactured/Mobile Home Park ☐School ☐Camp ☐Other: _____

DESCRIPTION OF INJURED PERSON (Do Not include personal information (e.g., name, address, phone number, etc.))

Age *(years)*: | **Sex**: ☐M ☐F | **Resident County**:

Race *(check all that apply)*:
☐White/Caucasian ☐American Indian/Alaska Native ☐Asian
☐Black/African American ☐Native Hawaiian/Pacific Islander ☐Other: _____

Ethnicity:
☐Hispanic/Latino
☐Non-Hispanic/Latino

Was injured party:
☐Employee ☐Patron
☐Other: _____

DESCRIPTION OF INCIDENT

Incident Date *(mm/dd/yy)*: | **Time of day**: __ __ : __ __ ☐AM ☐PM | **Day of week incident occurred**: ☐Sun ☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri ☐Sat

What happened? *(attach additional sheets, if needed)*:

Location of Incident *(check all that apply)*:
☐Outdoor Facility ☐Indoor Facility
☐Main Pool ☐Wading Pool
☐Zero Entry Pool ☐Therapy Pool
☐Spa/Hot Tub ☐Diving Board
☐Slide ☐Spray Ground/Splash Pad
☐Other Water Feature: _____

Was the pool/spa open at time of the incident? ☐Yes ☐No
Was the enclosure secured? ☐Yes ☐No

Were lifeguards present?
☐Yes ☐No ☐N/A
Lifeguards present: _____

Water depth of incident:
_____ (ft.) _____ (in.)

Number of swimmers/witnesses present during the incident:
_____

Result of Incident:

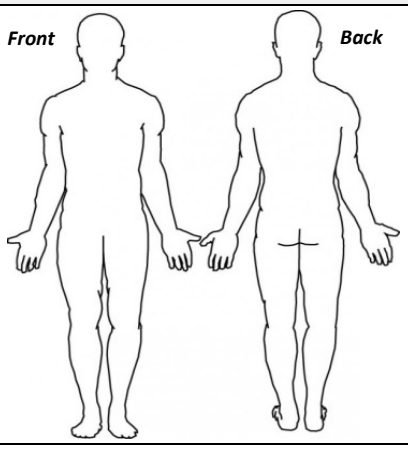
Was there a water rescue?	☐Yes ☐No	Was EMS called?	☐Yes ☐No
Was rescue breathing/resuscitation required?	☐Yes ☐No	Did staff provide care or first-aid?	☐Yes ☐No
Was the Heimlich Maneuver required?	☐Yes ☐No	Did injured person refuse care or first-aid?	☐Yes ☐No
Was the person immobilized?	☐Yes ☐No	Did injured person return to water activity?	☐Yes ☐No
Was an AED Device used?	☐Yes ☐No	Was injured person transported to a medical facility?	☐Yes ☐No
Was oxygen supplied?	☐Yes ☐No		

Rescue Equipment Used:
☐Rescue Can
☐Rescue Tube
☐Ring Buoy
☐Life Hook/Shepherd's Crook
☐Other: _____
☐N/A

DESCRIPTION OF INJURY

Type of Injury: ☐Burn ☐Bump/Bruise ☐Cut ☐Puncture
☐Scrape ☐Dislocation ☐Sprain ☐Fracture
☐Spinal ☐Near Drowning ☐Suffocation/Drowning
☐Other: _____

Area Injured: ☐Head/Neck ☐Arm/Shoulder ☐Leg/Hip/Knee ☐Trunk/Torso
☐Face/Eyes ☐Hand/Wrist ☐Foot/Ankle ☐Back
☐Other: _____



FORM MUST BE COMPLETED / REVIEWED BY POOL OPERATOR: (The pool operator or representative should complete this information and return completed form to the Local Health District)

Name (*print*): | **Contact Phone**:

Position (*e.g. pool operator, lifeguard, etc.*): | **Date**:

Local Health District Use Only

Submit reports via mail, fax, or email to the address, fax number, or email indicated below. Please direct questions to **(614) 644-7438**.

Ohio Department of Health

Ohio Department of Health
Bureau of Environmental Health and Radiation Protection
246 N. High St., Columbus, OH 43215
Phone (614) 644-7438, Fax (614) 466-4556, Email BEH@odh.ohio.gov