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

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Facility Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

**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 |
|----------------|----------|-------|-------|

**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
- [ ] Other: __________________

**Resident County:**

**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

**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: __________________

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

**Was pool/spa open at time of the incident?**
- [ ] Yes
- [ ] No

**Was the enclosure secured?**
- [ ] Yes
- [ ] No

**Were lifeguards present?**
- [ ] Yes
- [ ] No
- [ ] N/A

**Water depth of incident:**

**Number of swimmers/witnesses present during the incident:**

### RESULT OF INCIDENT

**Was there a water rescue?**
- [ ] Yes
- [ ] No

**Was rescue breathing/resuscitation required?**
- [ ] Yes
- [ ] No

**Was the Heimlich Maneuver required?**
- [ ] Yes
- [ ] No

**Was the person immobilized?**
- [ ] Yes
- [ ] No

**Was an AED Device used?**
- [ ] Yes
- [ ] No

**Was oxygen supplied?**
- [ ] Yes
- [ ] No

**Was rescue breathing/resuscitation required?**
- [ ] Yes
- [ ] No

**Was EMS called?**
- [ ] Yes
- [ ] No

**Did staff provide care or first-aid?**
- [ ] Yes
- [ ] No

**Was injured person refuse care or first-aid?**
- [ ] Yes
- [ ] No

**Was injured person return to water activity?**
- [ ] Yes
- [ ] No

**Was injured person transported to a medical facility?**
- [ ] Yes
- [ ] No

**Rescue Equipment Used:**
- [ ] Rescue Can
- [ ] Rescue Tube
- [ ] Ring Buoy
- [ ] Life Hook/Shepherd’s Crook
- [ ] Other: __________________

### 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:**

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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
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