PUBLIC HEALTH AND WELLNESS

Complaint #	Effective Date: 02JUN2022

Pool Incident Report

Section 1. Facility Information

Name:	Permit #
Address:	
Phone:	Facility Location: ☐Outdoor ☐Indoor
Facility Type: ☐Main Pool ☐Wading Pool☐ Therapy Pool ☐Spa/Hot Tub ☐Spray Ground/Splash Pad	

Section 2. Victim Information

Number of Victims:			
Name of Victim:	Age:	Sex:	Employee: ☐YES ☐NO
Address:			
Phone #:		Was Medical Care Required: ☐YES ☐NO	
Name of Victim:	Age:	Sex:	Employee: ☐YES ☐NO
Address:			
Phone #:		Was Medical Care Required: ☐YES ☐NO	
Name of Victim:	Age:	Sex:	Employee: ☐YES ☐NO
Address:			
Phone #:		Was Medical Care Required: ☐YES ☐NO	
Note: Include additional victim information as attachment as needed			

Section 3: Personnel Involved

Incident Date:	Incident Time:	Incident Location:
Operator on Duty:		
Number of Lifeguards on Deck:		
Lifeguard on Duty in Zone Area of Incident:		Phone #
All Lifeguards on Duty:		
Name:		Phone #
Name:		Phone #
Name:		Phone #
Name:		Phone #
Name:		Phone #
Name:		Phone #

Section 4: Pool Conditions

Pool Occupancy:	Lifeguard Present: ☐YES ☐NO	Pool Operator Present: ☐YES ☐NO
Water Clarity at Time of Incident:		
Weather at Time of Incident:		
Last Recorded Water Quality Readings Date/Time:		

Cl/Br:	pH:	Alkalinity:	Cyanuric acid:

Safety Equipment Used: ☐Backboard ☐AED ☐Oxygen ☐Splint ☐First Aid Kit ☐ Other_____

Section 5: Witness information	
Name:	Phone #
Name:	Phone #
Name:	Phone #
Name:	Phone #
Name:	Phone #
Note: Include additional witness information as attachment as needed	
Section 6: Description of Injury/Illness	
Emergency Response Utilized: ☐YES ☐NO Resuscitation Required: ☐YES ☐NO Transport Required ☐YES ☐NO Did Victim Refuse Care ☐YES ☐NO	
Emergency Response Utilized: ☐Police ☐Fire ☐EMS	Provide Report Number:
Description of Injury ☐Burn ☐Bump/Bruise ☐Laceration ☐Puncture/Penetration ☐Fracture ☐Chemical Exposure ☐Other_____	
Description of Illness: ☐Nausea ☐Dermatitis/Rash ☐Respiratory Symptoms ☐Other_____	
Section 7: Description of Incident	
Note: Include additional description of events as attachment as needed	

Section 8: Form Completed By		
Name:	Phone #:	
Title:	Email	Date:

Section 9. Attachment Log	
Attachment 1: Pool diagram showing area of incident	# of Pages:1
Attachment 2: Water quality log sheets	# of Pages:
Attachment 3:	# of Pages:
Attachment 4:	# of Pages:
Attachment 5:	# of Pages: