PUBLIC POOL AND SPA INJURY INCIDENT REPORT FORM

| Local Health District Name: | | |
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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 <u>local health district</u> as stipulated.

- <u>Within 24 hours</u> 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: | | | 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): | ears): Sex: $\square M$ $\square F$ Resi | | | | | | | | | | |
| Race (check all t | that apply): | I. | | Ethnicity: | | | | | Was injured party: | | |
| ☐ White/Caucasian ☐ American Indian/Alaska Native | | | □Asian | | | ☐ Hispanic/Latino | | □Employee □Patron | | | |
| ☐ Black/African | American \square | Native Hawaiian/Pacifi | c Islander | □Oth | er: | | ☐ Non-Hispan | ic/Latino | □Other: | | |
| DESCRIPTION | OF INCIDENT | | | | | | | | | | |
| Incident Date (r | mm/dd/yy): | | | Time of day: Day of week incident occurred: | | | | | | | |
| | | | | | _: | □РМ | □Sun □M | lon \Box Tues \Box | Wed □Thurs □Fri □Sat | | |
| What happened | d? (attach additior | nal sheets, if needed): | | | | | | Location of Inc | i dent (check all that apply): | | |
| | | | | | | | | ☐ Outdoor Fac | ility □Indoor Facility | | |
| | | | | | | | | ☐ Main Pool | ☐ Wading Pool | | |
| | | | | | | | | ☐Zero Entry P | ool Therapy Pool | | |
| | | | | | | | | ☐Spa/Hot Tub | ☐ Diving Board | | |
| | | | | | | | | □Slide | ☐Spray Ground/Splash Pad | | |
| | | | | | | | | ☐ Other Water | Feature: | | |
| 144 - 14 14- | | :ub: | | Were lifeguards present? Water depth of □Yes □No □N/A | | | Water depth of | of incident: | Number of swimmers/witnesses | | |
| was the pool/sp | oa open at time of | | | | | | | | present during the incident: | | |
| Was the enclosure secured? \square Yes \square No | | | # Lifeguards present: (ft. | | | (f | t.) (in.) | | | | |
| Result of Incide | nt: | | | | | | | | Rescue Equipment Used: | | |
| Was there a water rescue? □Yes □No | | | | Was EMS called? □Y | | | | □Yes □No | ☐ Rescue Can | | |
| Was rescue breathing/resuscitation required? □Yes □No | | | | | | | □Yes □No | ☐Rescue Tube | | | |
| Was the Heimlich Maneuver required? □Yes □No | | | • | | | | □Yes □No | ☐ Ring Buoy | | | |
| Was the person immobilized? □Yes □No | | | | | | | □Yes □No | ☐ Life Hook/Shepherd's Crook | | | |
| Was an AED Device used? □Yes □No | | | Was injured person transported to a medical ☐Yes | | | | □Yes □No | ☐ Other: | | | |
| Was oxygen supplied? □Yes □No | | | facility? | | | | | □N/A | | | |
| DESCRIPTION | OF INJURY | | | | | | | | | | |
| Type of Injury: | Burn | ☐Bump/Bruise | □Cut | | □Puncture | | | Front |) Back | | |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | □Scrape | ☐ Dislocation | Sprain | | □Fracture | | | Pront \ | S & Duck | | |
| | □Spinal | ☐ Near Drowning | Suffocat | ion/Dro | | | | 1 | | | |
| | Other: | Ü | | • | J | | | | .) (| | |
| | | - | | | | | | 1 | 11 11 11 | | |
| Assolutions TheodyNeels Dame/Charleton Disch | | | | • | | | | } \ | | | |
| Area Injured: □Head/Neck □Arm/Shoulder □Leg/Hip/I □Face/Eyes □Hand/Wrist □Foot/Ank | | | | | | | \ \ \ \ \ | | | | |
| | Other: | Litaliu/ Wrist | | NIC . | □ back | | | | | | |
| Li Ottiei. | | | | | | | | Tw/ | with the wind | | |
| 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) | | | | | | | | 1 11 1 | | | |
| Name (print): | | | Contact Phone: | | | | ()(|) ()() | | | |
| Position (e.g. pool operator, lifeguard, etc.): | | | Date: | | | | \ / \ | / \ (\) / | | | |
| | | | | | | | | 2)(| (1) | | |

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