LHD Name: _____

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

PUBLIC POOL AND SPA INJURY INCIDENT REPORT FORM

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; CCBH Fax: 216-676-1317 or Email: gscott@ccbh.net
- 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.

ATTN: Local Health Districts: Submit reports via mail, fax, or email to the address, fax number, or email indicated at the top of this form. Please direct questions to **(614) 644-7438**.

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

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: _____

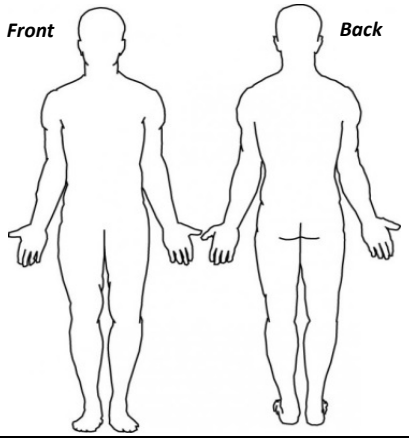
Result of Incident:

Was there a water rescue?	☐Yes ☐No	Was EMS called?	☐Yes ☐No	**Rescue Equipment Used**:	
Was rescue breathing/resuscitation required?	☐Yes ☐No	Did staff provide care or first-aid?	☐Yes ☐No	☐Rescue Can	
Was the Heimlich Maneuver required?	☐Yes ☐No	Did injured person refuse care or first-aid?	☐Yes ☐No	☐Rescue Tube	
Was the person immobilized?	☐Yes ☐No	Did injured person return to water activity?	☐Yes ☐No	☐Ring Buoy	
Was an AED Device used?	☐Yes ☐No	Was injured person transported to a medical facility?	☐Yes ☐No	☐Life Hook/Shepherd's Crook	
Was oxygen supplied?	☐Yes ☐No			☐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 COMPLETED BY

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

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