# Public Pool and Spa Injury Incident Report Form

Ohio Department of Health

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.).**

- *In accordance with OAC 3701-31-04(B)(4)(a)(x) any incident that occurs within the pool perimeter that results in death, serious injury, assistance from emergency medical personnel or an illness involving more than one person will be reported to the licensor* ***within seventy-two hours following the incident*** *or when the licensee becomes aware of the incident.*
- *In accordance with OAC 3701-31-03(I) the licensor will forward information received from the pool operator regarding incidents that occur at the public swimming pool to the Ohio Department of Health* ***within thirty days of receipt*** *of the report.*

## 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** ☐ Male ☐ Female | **Resident County** |
|---|---|---|

**Race** (Check all that apply)
☐ White/Caucasian ☐ American Indian/Alaska Native ☐ Asian
☐ Black/African ☐ Native Hawaiian/ Pacific ☐ 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 the Week Incident Occured** ☐ 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: _____

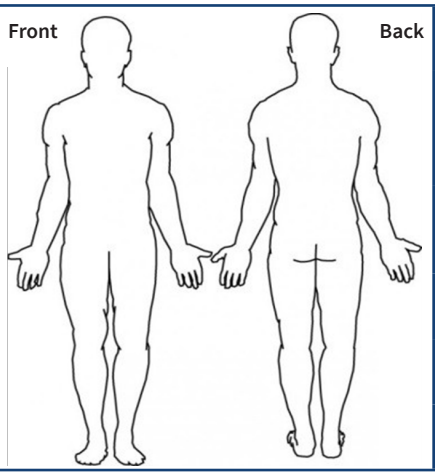
| Was the pool/spa open at the time of the incident? ☐ Y ☐ N<br>Was the enclosure secured? ☐ Y ☐ N | Were lifeguards present?<br>☐ Yes ☐ No ☐ N/A<br>Lifeguards present: _____ | Water Depth of Incident<br>_____ (ft.) _____ (in.) | Number of swimmers/witnesses present during incident: _____ |
|---|---|---|---|

**Result of Incident**

| | | | | | |
|---|---|---|---|---|---|
| Was there a water rescue? | ☐ Y ☐ N | Was EMS called? | ☐ Y ☐ N | **Rescue Equipment Used** | |
| Was rescue breathing/resuscitation required? | ☐ Y ☐ N | Did staff provide care or first aid? | ☐ Y ☐ N | ☐ Rescue Can | |
| Was the Heimlich Maneuver required? | ☐ Y ☐ N | Did injured person refuse care or first aid? | ☐ Y ☐ N | ☐ Rescue Tube | |
| Was the persom immobilized? | ☐ Y ☐ N | Did injured person return to water activity? | ☐ Y ☐ N | ☐ Ring Buoy | |
| Was an AED Device used? | ☐ Y ☐ N | Was injured person transported to a medical facility? | ☐ Y ☐ N | ☐ Life Hook/Shepard's Crook | |
| Was oxygen supplied? | ☐ Y ☐ N | | | ☐ Other: _____ | |
| | | | | ☐ N/A | |

## Description of Incident

| | |
|---|---|
| **Type of Injury** | ☐ Burn ☐ Bump/Bruise ☐ Cut ☐ Puncture<br>☐ Scrape ☐ Dislocation ☐ Sprain ☐ Fracture<br>☐ Spinal ☐ Near Drowning ☐ Suffocation/Drowning<br>☐ Other: _____ |
| **Area Injured** | ☐ Head/Neck ☐ Arm/Shoulder ☐ Leg/Hip/Knee ☐ Trunk/Torso<br>☐ Face/Eyes ☐ Hand/Wrist ☐ Foot/Ankle ☐ Back<br>☐ 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 to ODH through the electronic submission form. Please direct questions to **(614) 644-7438**.

**Ohio Department of Health - Bureau of Environmental Health and Radiation Protection**
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