Public Pool and Spa Injury Incident Report Form

Ohio Department of Health

Local Health District Name: Cuyahoga County Board of Health Email to: mmementowski@ccbh.net

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 Was the enclosure secured? ☐ Y ☐ N	Were lifeguards present? ☐ Yes ☐ No ☐ N/A Lifeguards present: _____	Water Depth of Incident _____ (ft.) _____ (in.)	Number of swimmers/witnesses present during incident: _____

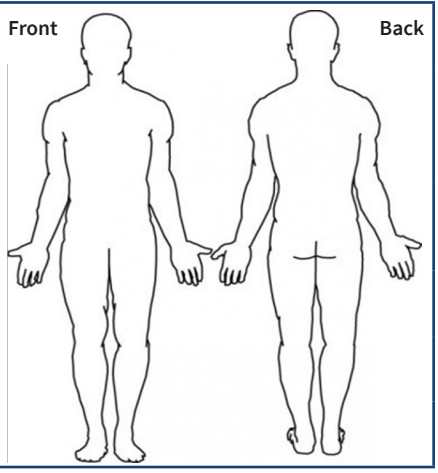
Result of Incident

Was there a water rescue?	☐ Y ☐ N	Was EMS called?	☐ Y ☐ N
Was rescue breathing/resuscitation required?	☐ Y ☐ N	Did staff provide care or first aid?	☐ Y ☐ N
Was the Heimlich Maneuver required?	☐ Y ☐ N	Did injured person refuse care or first aid?	☐ Y ☐ N
Was the persom immobilized?	☐ Y ☐ N	Did injured person return to water activity?	☐ Y ☐ N
Was an AED Device used?	☐ Y ☐ N	Was injured person transported to a medical facility?	☐ Y ☐ N
Was oxygen supplied?	☐ Y ☐ N		

Rescue Equipment Used
☐ Rescue Can
☐ Rescue Tube
☐ Ring Buoy
☐ Life Hook/Shepard's Crook
☐ Other: _____
☐ N/A

Description of Incident

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**

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
246 N. High St., Columbus, OH 43215
Phone (614) 644-7438, Fax (614) 466-4556, Email BEH@odh.ohio.gov