State of Ohio
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

PUBLIC POOL AND SPA INJURY INCIDENT REPORT FORM

Should a reportable incident occur, complete the form, attach all required documentation, and submit to the local health district as stipulated. ***Please use one form for each injured party.***

- Within 24 hours, of the incident, 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, a waterborne illness contracted at a pool or spa, and
- Every 3 months during operation or at the facility's season closure, a water rescue by aquatic safety personnel.

Attn: Local Health Districts: Mail, Fax or email report to: Ohio Department of Health, Bureau of Environmental Health and Radiation Protection, 246 N. High St. Columbus, OH 43215 Fax: **(614) 466-4556** Email: **BEH@odh.ohio.gov**. Questions should be directed to: **(614) 644-7438**

FACILITY INFORMATION

Facility Name:	Facility Address:		
City:	State:	ZIP:	Facility Phone:

Facility Setting: ☐Wading pool ☐Zero Entry ☐Spray ground ☐School ☐School ☐Govt ☐MHP
☐Indoor ☐Outdoor ☐Camp ☐Apartment/Condo ☐Hotel/Motel ☐Other- *Specify*: _____

DESCRIPTION OF INJURED PERSON

Age (*yrs*):	Sex: ☐M ☐F	Resident County:

Race: ☐American Indian or Alaska Native ☐Asian ☐Black or African American ☐Native Hawaii or Pacific Islander ☐White ☐Other- *Specify*: _____

Was injured party: ☐Employee ☐Patron ☐Other- *Specify*: _____

DESCRIPTION OF INCIDENT

Injury/Illness Date: (*mm/dd/yy*)	Time of Day: _ _ : _ _ ☐AM ☐PM	Day of week injury occurred: ☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri ☐Sat ☐Sun

Location of Incident (*check all that apply*): ☐Outdoor Facility ☐Indoor Facility ☐Main Pool ☐Wading Pool ☐Therapy ☐Spray Pool ☐Swim Spa ☐Diving Board ☐Slide ☐Spray Ground ☐Water Recreation Feature, *Specify*: _____

Was a Water Rescue Performed? ☐Yes ☐No	Was Resuscitation Required? ☐Yes ☐No	AED Device Used? ☐Yes ☐No	Safety equipment used? ☐Yes ☐No Type: _____	Emergency phone used? ☐Yes ☐No Type: _____

Identify Emergency Response Unit: ☐EMS ☐Police ☐Fire Provide Report # _____

How did Injury Occur? (*Attach additional sheets if needed*):

Was Pool/Spa open at time of incident? ☐Yes ☐No Enclosure Secured: ☐Yes ☐No	Lifeguard Present? ☐Yes ☐No ☐N/A # Lifeguards present: ____	Water Depth of Incident (*ft*): _____	Number of swimmers present during incident: _____

Result of Incident: ☐No treatment necessary ☐Hospitalized ☐Treated and released ☐Died

DESCRIPTION OF INJURY

If Injury Includes Submersion: ☐Suffocation/Drowning ☐Near Drowning ☐Water Rescue ☐Other- *Specify*: _____

Type of Injury: ☐Burn ☐Concussion ☐Cut/Puncture ☐Dislocation ☐Fracture ☐Spinal ☐Other- *Specify*: _____

Area injured: ☐Arm/Shoulder ☐Back ☐Face/Eyes ☐Foot/Ankle ☐Hand/Wrist ☐Head/Neck ☐Leg/Hip/Knee ☐Respiratory System ☐Trunk/Torso ☐Other- *Specify*: _____

DESCRIPTION OF ILLNESS

Date of Onset of Symptoms (*mm/dd/yy*):	Number of Persons Affected:

Symptoms (*check all that apply*): ☐Cramps ☐Dermatitis ☐Diarrhea (≥ 3 stools/Day) ☐Visible Blood in Stool ☐Ear Infection ☐Fever ☐Nausea ☐Respiratory Symptoms ☐Strep Throat ☐Rash ☐Vomiting ☐Other- *Specify*: _____

FORM COMPLETED BY

Name:	Contact Phone:
Person completing this form: (*e.g. pool operator, lifeguard, LHD)*	Date: