



Public Swimming Pool Reportable Incident

641 IAC 15.4(7) Reports. Swimming pool and spa operators shall report to the local inspection agency, within one business day of occurrence, all deaths; near drowning incidents; head, neck, and spinal cord injuries; and any injury which renders a person unconscious or requires immediate medical attention.

Date of Incident	Time:	am	pm
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Accident ID # Official Use Only	YYYY - MMDD - County # - #
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Victim Information

First Name	MI	Last Name
Address	Street	Apt.#
City or Town	State	Zip Code

SEX: M F	Age of Victim:(yrs)	Height	Fatal Non-Fatal
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Child's Parent/Caregiver:	Phone #:
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Area of the Body Injured: (Circle all that Apply) Head / Neck / Spinal Cord Trunk Arm / Hand / Finger Leg / Foot / Toe Other (Specify)	Type of Injury: (Circle all that Apply) Abrasion or Contusion Strain or Sprain Concussion Fracture Laceration Submersion Other (Specify)
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Treatment Required: (Circle all that Apply) First Aid Doctor's Office/Emergency Room Refused Care	CPR (Manual AED Oxygen) EMS Transport Other (Specify)
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Pool Information

Pool Registration #

Name of Pool
Address Street
City State Zip Code
Contact Person Position Phone

Was the pool open at the time? Yes No	Was a lifeguard on duty at the time? Yes (#____) No
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Factors that may have contributed to the incident (Circle as many as apply)

Slippery Surfaces:	Around Pool	Bottom of Pool	Other (Specify)	
Water Clarity:	Drain Clearly Visible	Drain not visible	Other (Specify)	
Child Supervision:	Unsupervised Child	Supervisor Location	Other (Specify)	
Swimming Ability:	Non-swimmer	Weak swimmer	Other (Specify)	
Pool Enclosure:	Inadequate	Gate - Unlatched or Unlocked	Other (Specify)	
Diving/Jumping/Sliding:	From Board	From Poolside	From Slide	Other Specify
Horseplay/ Miscalculation: (Specify)				
Other: (Explain)	Intoxication	Natural Causes		
Were Others Injured:	Yes	No		
If Yes, Name(s)				

Describe what happened:

- Provide a sketch of the pool indicating the location of the victim as well as each lifeguard's position (if applicable) and the location of any other witness that provides a written statement.
- Collect written statements from lifeguards (if applicable) and any other patrons or staff that witnessed the incident or participated in the rescue or emergency care.
- Provide a brief written description of the incident including any factors that may have contributed to the incident.

Print or Type Name:	Signature:	Date:
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