



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 # <small>YYYY - MMDD - County # - #</small> Official Use Only

Victim Information

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

SEX: <input type="checkbox"/> M <input type="checkbox"/> F	Age of Victim:(yrs)	<input type="checkbox"/> Height	Fatal <input type="checkbox"/> Non-Fatal <input type="checkbox"/>
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Child's Parent/Caregiver:	Phone #:
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Area of the Body Injured: (Circle all that Apply) <input type="checkbox"/> Head / Neck / Spinal Cord <input type="checkbox"/> Trunk <input type="checkbox"/> Arm / Hand / Finger <input type="checkbox"/> Leg / Foot / Toe <input type="checkbox"/> Other (Specify)	Type of Injury: (Circle all that Apply) <input type="checkbox"/> Abrasion or Contusion <input type="checkbox"/> Strain or Sprain <input type="checkbox"/> Concussion <input type="checkbox"/> Fracture <input type="checkbox"/> Laceration <input type="checkbox"/> Submersion <input type="checkbox"/> Other (Specify)
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Treatment Required: (Circle all that Apply) <input type="checkbox"/> First Aid <input type="checkbox"/> CPR (<input type="checkbox"/> Manual <input type="checkbox"/> AED <input type="checkbox"/> Oxygen) <input type="checkbox"/> Doctor's Office/Emergency Room <input type="checkbox"/> EMS Transport <input type="checkbox"/> Refused Care <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a lifeguard on duty at the time? <input type="checkbox"/> Yes (# _____) <input type="checkbox"/> 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:	<input type="checkbox"/> 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: <input type="checkbox"/> From Board <input type="checkbox"/> From Poolside <input type="checkbox"/> From Slide <input type="checkbox"/> Other Specify			
Horseplay/ Miscalculation: (Specify)			
Other: (Explain)	<input type="checkbox"/> Intoxication	<input type="checkbox"/> Natural Causes	
Were Others Injured:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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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