

Water Recreation Facility Injury Report Form



Reporting Requirement: The owner or operator **MUST** report any death, near drowning, or serious injury to their local health department (preferred) or the state Department of Health within 48 hours (RCW 70.90 and WAC 246-260). A serious injury means someone has called for emergency aid (such as 911) and the person needs immediate medical treatment at a clinic or emergency room or has been admitted to a hospital.

Use one form for each injured person. DO NOT include their personal information (such as name, address, phone number, etc.)

- Local Health Departments: www.doh.wa.gov/localhealth
- State Department of Health: www.doh.wa.gov/watersafetycontact or 360-236-3330

Name of Facility: _____ **Facility Phone:** () -

Facility Address: _____ **County:** _____

Injury Date: / / **Time:** : ☐ AM ☐ PM **Day of the Week:** _____

Injured Person's Age: _____ **Injured Person's Gender:** ☐ Female ☐ Male ☐ Unknown ☐ Other:

Injured Person's Primary Language Spoken at Home: ☐ English ☐ Other: _____ **Hispanic or Latino:** ☐ Yes ☐ No

Race:
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White
☐ Native Hawaiian or Other Pacific Islander ☐ Other: _____

Injury Location:
☐ In Pool or Spa ☐ Deck/Walkway ☐ Locker Room ☐ Diving Board or Slide
☐ Other: _____

Type of Injury (not including drowning or near drowning):
☐ Head ☐ Neck ☐ Back or Trunk ☐ Arm, Leg, Finger, Toe ☐ Other: _____

Type of Injury (if included submersion):
☐ Drowning (Fatal) ☐ Drowning survival (Resuscitated/Nonfatal) ☐ Other: _____

Taken to Doctor by: ☐ Emergency Service (Fire, Ambulance, Police) ☐ Family, Friends, or Others

Result of Injury: ☐ Died ☐ Hospitalized ☐ Treated and Released

Injury Description (Provide a short statement describing the injury): _____