ARMSAAS DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH PROTECTION
ENVIRONMENTAL HEALTH SERVICES
REPORT OF ACCIDENT OR DROWNING AT POOLS, SPAS
OR OTHER RELATED FACILITIES

GENERAL INFORMATION

Name of Facility: __________________________ Address: __________________________ City: ________
Name of Victim: __________________________ Address: __________________________ City: ________
Date of Incident: __________________________ Time: ______ am/pm Accident □ Drowning □ Fatality □
Description of water and weather conditions at time of the incident: __________________________
Name of employees involved in rescue attempt or treatment of injury:

Facility open at time of incident □ Yes □ No □ Lifeguard on duty □ Yes □ No □ Bather load: ________
VICTIM: Male □ Female □ Age: ________ Non-Swimmer □ Yes □ No □
FACILITY: Indoor □ Outdoor □ Spa □ Pool □ Water Slide □ Other □ (Specify): ________
Emergency telephone provided: □ Yes □ No
Type of lifesaving/firstaid training of employees involved: __________________________

TYPE OF INJURY: Abrasion or contusion □ Concussion □ Fracture □ Laceration □ Strain or Sprain □
Other □ (Specify): __________________________
AREA OF BODY INJURED: Head □ Trunk □ Arm, hand or finger □ Leg, foot or toe □
Other □ (Specify): __________________________
DESCRIPTION OF INJURY: __________________________

FACTORS WHICH MAY HAVE CONTRIBUTED TO ACCIDENT
Slippery Surface: Surrounding pool □ Bottom of pool □ Steps □
Other □ (Specify): __________________________
Deck Equipment: Ladders or handrails □ Lifeguard equipment □
Other □ (Specify): __________________________
Pool Enclosure: Inadequate □ Gate unlatched □ Horseplay involved □
Other □ (Specify): __________________________
Recirculation/Filtration Equip.: Mechanical □ Electrical □ Missing/broken equipment □
Other □ (Specify): __________________________
Diving, Jumping or Sliding: From board □ From poolside □ From slide □
Other □ (Specify): __________________________
Other: Swimming miscalculation □ Natural causes □ Use of alcohol □
Chemical or chemical related accident: Yes ☐ No ☐

If Yes, chemicals involved: ____________________________________________________________

Brief description of accident: _________________________________________________________

Were police, rescue unit or other emergency personnel called: Yes ☐ No ☐

If Yes, list: _______________________________________________________________________

Brief description of emergency action taken on site: ______________________________________

Degree of treatment required: None ☐ CPR ☐ First aid ☐ Emergency room ☐ Hospital admission ☐

If necessary, make a sketch of the pool/spa area involved in the injury or accident

Additional remarks relevant to this accident: _____________________________________________

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Signature __________________________ Title __________________________ Date _______________