

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.

- Local Health Departments: www.doh.wa.gov/localhealth
- State Department of Health: www.doh.wa.gov/watersafetycontact or 1-877-485-7316

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

Facility Address: _____ **County:** _____

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

Injured Person's Name: _____ **Person's Phone:** () -

Person's Address: _____ **Person's Age:** _____ Years

Gender: Female Male **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/Non Fatal) 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):