

Water Recreation Facility Injury Report Form

Reporting Requirement: The owner or operator **MUST** report any death, near drowning or serious injury to the Department within 48 hours (RCW 70.90 & WAC 246-260). A serious injury means someone has called for emergency aid (such as “911”) and/or the person needs immediate medical treatment at a clinic or emergency room and/or is admitted to a hospital.

Need Help? If help is needed in completing this form, call the Environmental Health Division at your local health jurisdiction at (509) 582-7761 x246 or the state Department of Health at (360) 236-3073, or 236-3392 or 1(888) 586-9427.

Name of Facility: _____ Phone: () _____-

Address of Facility: _____ County: _____

Name of Injured Person: _____ Phone: () _____-

Address of Injured Person: _____

Date of Injury
____/____/____

Time of Day
____:____ AM PM
(Circle One)

Race (Circle One)
Asian/Pacific Black
White Hispanic
Native American Other

Day of Week of Injury

Age of Person
_____ Years

Sex (Circle One)
Female Male

Where did Injury Occur?
(Circle One)

- In Pool or Spa
- Deck/Walkway
- Locker Room
- Diving Board or Slide
- Other (Specify)

When Injury is other than
Drowning or Near Drowning
(Circle One)

- Head
- Neck
- Back or Trunk
- Arm/Leg,
Finger/Toe

If Injury included Submersion,
was it: (Circle One)

- Drowning (Fatal)
- Near Drowning
(Resuscitated/Non
Fatal)
- Other (Specify)

Taken to Doctor? (Circle One)

- Emergency Service
(Fire, Ambulance,
Police, Etc)
- Family, Friends or
Others

Result of Injury? (Circle One)

- Died
- Hospitalized
- Treated &
Released

Injury Description: (Provide a Short Statement Describing the Injury): _____
