



Bureau of Environmental Health  
 3 Harry Truman Parkway  
 Annapolis, MD 21401  
 Phone 410-222-7217 Fax 410-222-7678

**PUBLIC POOL AND SPA INJURY AND ILLNESS REPORT FORM**

Anne Arundel County Code {11-14-302(c)} requires that a public or semi-public pool owner shall ensure that an injury occurring at a pool that results in death, resuscitation or admission to a hospital is reported to the Health Officer within five days of the incident and that a waterborne illness contracted at a pool is reported to the Health Officer no more than 24 hours after the owner or operator becomes aware of the incident.

If a reportable incident occurs, complete this form, attach all required documentation and submit it to the Anne Arundel County Department of Health as stipulated.

1. Facility Name \_\_\_\_\_
2. Facility Address \_\_\_\_\_ County \_\_\_\_\_  
Phone \_\_\_\_\_
3. Owner's Name \_\_\_\_\_
4. Owner's Address \_\_\_\_\_ Phone \_\_\_\_\_
5. Pool Management Company Name  NA \_\_\_\_\_ Phone \_\_\_\_\_
6. Facility Type (i.e., community pool, school, hotel, condominium, health club) \_\_\_\_\_
7. Pool or Spa Use (i.e., adult, general, residents or members only) \_\_\_\_\_
8. Date of Injury or Illness \_\_\_\_/\_\_\_\_/\_\_\_\_
9. Time \_\_\_\_ a.m./p.m.
10. Type of Injury or Illness. Specify below:

Active Drowning     Passive Drowning     Near-Drowning     Water Rescue     Suction Entrapment  
 Injury, Specify \_\_\_\_\_  
 Waterborne Illness, Specify \_\_\_\_\_     Other, Specify \_\_\_\_\_

11. Describe the Injury or Illness, attach additional page(s) if necessary \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Indicate Incident Location  
 X all that apply

Outdoor Facility	Indoor Facility	Main Pool	Wading Pool	Therapy Pool	Spray Pool	Spa	Swim Spa	Water Rec Feature, Specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Was Victim Treated by  The Facility's Staff     Emergency Response Personnel     A Physician
14. Was Resuscitation Required  No     Yes-Performed by \_\_\_\_\_; AED Device Used  No  Yes
15. Was Victim Admitted to the Hospital  No     Yes-Hospital Name \_\_\_\_\_
16. Did Injury/Illness result in Death  No     Yes-Date and Time of Death \_\_\_\_\_
17. Identify Each Emergency Response Unit (EMS, Police or Fire) and Provide Report Number \_\_\_\_\_
18. Was a Certified Pool Operator present?  No     Yes-Attach copy of Pool Operator's Certification
19. Was a Lifeguard present?  No     Yes-Indicate number of Lifeguards present \_\_\_\_\_  
 Identify the Lifeguard(s) and Victim location on a pool diagram. Submit with report: diagram, facility supervision plan, house rules, pool emergency plan and copy of the Lifeguard(s)' Certification.
20. Location and/or State Agencies Notified, Name and Date \_\_\_\_\_  
 \_\_\_\_\_

Owner/Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name/Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Fax \_\_\_\_\_