PUBLIC POOL AND SPA INJURY AND ILLNESS REPORT FORM

Maryland Public Pools and Spas regulations (COMAR 10.17.01.51) require a public pool or spa owner to report to the Department of Health and Mental Hygiene (DHMH):

- Within 24 hours of the incident, an injury, drowning, near drowning, or suction entrapment occurring at a pool or spa that results in death or requires resuscitation or admission to a hospital,
- Within 24 hours of the owner/operator’s knowledge of the incident, a waterborne illness contracted at a pool or spa, and
- Every 3 months during operation or at the facility’s seasonal closure, a water rescue by aquatic safety personnel.

If a reportable incident occurs, complete the form, attached all required documentation, and submit to the local health department as stipulated.

1. Facility Name
2. Facility Address
3. Owner’s Name
4. Owner’s Address
5. Pool Management Company Name
6. Facility Type
7. Pool or Spa Use
8. Date of Injury or Illness
9. Time
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 addition page(s) if necessary
12. Was Victim Treated by
    - The Facility’s Staff
    - Emergency Response Personnel
    - A Physician
13. Was Resuscitation Required
    - No
    - Yes-Performed by
    - AED Device Used
14. Was Victim Admitted to the Hospital
    - No
    - Yes-Hospital Name
15. Did Injury/Illness Result in Death
    - No
    - Yes-Date/Time of Death
16. Identify Each Emergency Response Unit (EMS, Police, or Fire) and Provide Report #
17. Was a Certified Pool Operator Present
    - No
    - Yes-Attach Pool Operator’s Certification
18. Was a Lifeguard Present
    - No
    - Yes-Indicate Number of Lifeguards Present
19. Local and/or State Agencies Notified, Name and Date

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