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.

***Use one form for each injured person. DO NOT include their personal information (such as name, address, phone number, etc.)***

* Local Health Departments: [www.doh.wa.gov/localhealth](http://www.doh.wa.gov/localhealth)
* State Department of Health: [www.doh.wa.gov/watersafetycontact](http://www.doh.wa.gov/watersafetycontact) or 360-236-3330

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

**Facility Address:**       **County:**

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

**Injured Person’s Age:**       **Injured Person’s Gender:**  [ ]  Female [ ]  Male [ ]  Unknown [ ]  Other:

**Injured Person’s Primary Language Spoken at Home: Hispanic or Latino:**  [ ]  Yes [ ]  No[ ]  English [ ]  Other:

**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/Nonfatal) [ ]  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):**