# Public Swimming Pool Accident / Drowning Report

This report must be completed for every physician-treated accident or any drowning at a public swimming pool. It is the **responsibility of the pool operator** to submit the completed form promptly to the Oregon Health Authority, Public Pool Program, 800 NE Oregon, Portland, OR 97232-2162.

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**Date of Incident**

<table>
<thead>
<tr>
<th>Time:</th>
</tr>
</thead>
</table>

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**Victim Information** - **Please do not identify the victim by name.** If there are multiple victims, create a unique identifier for each victim.

<table>
<thead>
<tr>
<th>Unique Identifier</th>
<th>Victim’s Residence City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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- **Fatal ☐ Non-Fatal ☐**
- **Age of Victim:** (yrs)
- **SEX:** ☐ M ☐ F
- **Non-Swimmer:** ☐ Yes ☐ No ☐ Unk

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**Possible Contributing Medical Condition?** (Check all that apply)

- Cardiac ☐
- Seizure ☐
- Stroke ☐
- Other (Specify) __________________________

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**Type of Injury:** (Check all that Apply)

- Abrasion or Contusion ☐
- Strain or Sprain ☐
- Concussion ☐
- Fracture ☐
- Laceration ☐

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**Other (Specify) __________________________**

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**Area of the Body Injured:**

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**Treatment Required:** (Check all that Apply)

- No Treatment ☐
- First Aid ☐
- CPR ( ☐ Manual ☐ AED ☐ Oxygen ) ☐

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**Emergency Response?** (Check all applicable)

- EMS ☐
- Police ☐
- Released to Parents for Followup ☐
- Not necessary ☐

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**Pool Information**

<table>
<thead>
<tr>
<th>Name of Pool:</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>Address:</th>
<th>Number</th>
<th>Street</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>Contact Person:</th>
<th>Position:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

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**Was the pool open at the time?**

- ☐ Yes ☐ No

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**Was a lifeguard on duty at the time?**

- ☐ Yes ☐ No

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**Who initially found the victim?**

- Lifeguard ☐
- Family Member ☐
- Pool Staff ☐
- Unrelated adult / child ☐
- Other ☐

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**If the victim was < 14 years old, was an adult supervising or watching them?**

- ☐ Yes ☐ No

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**Were they swimming alone (or no one was watching)?**

- ☐ Yes ☐ No

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**Pool Open or Closed?**

- ☐ Open ☐ Closed (Enclosure Secured ☐ Y ☐ N)

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**Did the lifeguard use their rescue tube?**

- ☐ Yes ☐ No

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**How many staff were involved in the rescue?_________**

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Side 1 of 2
Factors contributing to the accident (Mark as many as apply)

<table>
<thead>
<tr>
<th>Slippery Surfaces:</th>
<th>☐ Around Pool ☐ Bottom of Pool ☐ Other (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deck Equipment:</td>
<td>☐ Ladder / Handrails ☐ Lifeguard Equipment ☐ Other (Specify)</td>
</tr>
<tr>
<td>Recirculation Equipment:</td>
<td>☐ Mechanical ☐ Electrical ☐ Other (Specify)</td>
</tr>
<tr>
<td>Use of Pool Chemicals:</td>
<td>☐ Storage ☐ Handling ☐ Other (Specify)</td>
</tr>
<tr>
<td>Pool Enclosure:</td>
<td>☐ Inadequate ☐ Gate - Unlatched or Unlocked ☐ Other (Specify)</td>
</tr>
<tr>
<td>Diving/Jumping/Sliding:</td>
<td>☐ From Board ☐ From Poolside ☐ From Slide ☐ Other Specify</td>
</tr>
<tr>
<td>Horseplay/ Miscalculation:</td>
<td>(Specify)</td>
</tr>
<tr>
<td>Other:</td>
<td>(Explain)</td>
</tr>
</tbody>
</table>

Were Others Injured:  ☐ Yes    ☐ No
If Yes, Please Supply Accident Report Identifiers: ___________________________________________________

Describe what happened: (Please be legible)

Use “victim,” “bather,” “swimmer,” etc. No victim or parent names. Naming of rescuers, witnesses or others may be appropriate. Do not attach EMS, police or insurance reports in lieu of filling this section out. Other reports adding information are appropriate, but may be disposed of after review to protect the injured party’s personal information.

Print or Type Name:  Signature:  Date:

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