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:**

□ English □ Other:

**Hispanic or Latino:** [ ] Yes [ ] No

**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):**