



ACHD BATHING PLACE INCIDENT REPORT FORM

3190 Sassafras Way
 Pittsburgh, PA 15201
 (Phone) 412-350-4046 (Fax) 412-350-2792
 (Email) poolinjuryreport@alleghenycounty.onmicrosoft.com

**IMMEDIATELY CALL TO REPORT ALL DROWNINGS AND CATASTROPHIC INJURIES TO:
 412.350.4046 or 412.687.ACHD**

Use this form to report all injuries/incidents involving treatment by a doctor, hospital staff, EMS, resuscitation, CPR, or use of a backboard. *Also report any water rescues.*

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| Facility information | | | |
| Facility Name: | | Client ID#: | |
| Address: | | Facility Phone: | |
| City: | State: | Zip: | Email: |
| Name of Registered Manager (if applicable): | | Phone: | |
| Type of Facility: (check all that apply) | | | |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Health Club | <input type="checkbox"/> Condo/HOA/Community Assoc. | |
| <input type="checkbox"/> Wading Pool | <input type="checkbox"/> School Pool | <input type="checkbox"/> Hotel/Motel | |
| <input type="checkbox"/> Spray Pad | <input type="checkbox"/> Waterslide Pool | <input type="checkbox"/> Apartment Pool | |
| <input type="checkbox"/> Spa/Hot Tub | <input type="checkbox"/> Diving Board/Well | <input type="checkbox"/> Other_____ | |
| Year of pool construction: _____ | | <input type="checkbox"/> Indoor Pool | <input type="checkbox"/> Outdoor Pool |

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| Incident | |
| Date and time of incident: | |
| Incident was: <input type="checkbox"/> Water Rescue/No Injury <input type="checkbox"/> Water Rescue/Injury <input type="checkbox"/> Not Water Related/Injury | |
| Check the BEST description of the incident: (Do not report minor cuts, scrapes, bee stings, etc.) | |
| <input type="checkbox"/> Fatal Drowning | <input type="checkbox"/> Non-Fatal Drowning w/ permanent injury <input type="checkbox"/> Non-Fatal Drowning w/ no injury |
| <input type="checkbox"/> Neck/Spinal injury | <input type="checkbox"/> Cut <input type="checkbox"/> Fracture or Sprain <input type="checkbox"/> Poisoning <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Other_____ |
| Depth of water where incident occurred: | <input type="checkbox"/> N/A (not water related) |
| Was a lifeguard present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required | If yes, # on duty at waterside: |
| Highest level of treatment: (check all that apply) | |
| <input type="checkbox"/> Treatment by lifeguard | <input type="checkbox"/> Treatment by EMS |
| <input type="checkbox"/> Taken to Hospital | Hospital/Physician name:_____ |
| Injury result: <input type="checkbox"/> Recovered/No permanent injury <input type="checkbox"/> Paralysis <input type="checkbox"/> Death <input type="checkbox"/> No injury | |

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|--|--|--------------------|---|
| Injured Person/Victim (if multiple victims, submit a separate form for each) | | | |
| Name: | | | |
| Address: | | | |
| City: | State: | Zip: | Phone: |
| Age: | If victim was under 14, was an adult present? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Incident occurred: | <input type="checkbox"/> In the water <input type="checkbox"/> On the deck/lawn |

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| Incident Description (describe the incident in detail and attach additional sheets or drawings if necessary) |
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|-------------------|--------|------|--------|
| Form completed by | | | |
| Name: | | | |
| Address: | | | |
| City: | State: | Zip: | Phone: |
| Signature: | Date: | | |

In accordance with Allegheny County Health Department, Rules and Regulations, Article IX-Bathing Places, Sec. 928 A:
 Every operator and owner of any bathing place, bathing beach, hot tub, spa, or other facility covered by this Article shall report all injuries requiring medical treatment which were sustained by any person using said facilities. Medical treatment includes treatment administered by physicians, hospital staff, and emergency medical personnel. Such reports shall be made to the Department **within one week** of occurrence on forms provided by the Department. Information on the victim, type of injury, treatment, outcome, and injury circumstances shall be designated on the Department's form. Injuries such as drowning, an event requiring resuscitation, head or spinal injuries, or poisoning or asphyxiation from gaseous or solid disinfectants shall be reported to the Department by telephone **immediately, within 24 hours**.