

PUBLIC POOL AND SPA INJURY AND ILLNESS 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's/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, attach all required documentation, and fax to the Worcester County Health Department.

1. Facility Name _____
2. Facility Address _____ County _____
 _____ Phone _____
3. Owner's Name _____
4. Owner's Address _____ Phone _____
5. Pool Management Company Name N/A _____ Phone _____
6. Facility Type (*i.e. community pool, school, hotel, condominium, health club*) _____
7. Pool or Spa Use (*i.e. adult, general, residents or members only*) _____

1. Date of Injury or Illness ____/____/____ 2. Time ____ a.m. / p.m. 3. Type of Injury or Illness, specify below:
 ____ Active Drowning ____ Passive Drowning ____ Near Drowning ____ Water Rescue ____ Suction Entrapment
 ____ Injury, specify _____ Other, specify _____
4. Describe the Injury or Illness, attach additional page(s) if necessary _____

5. Indicate Incident location
 ✓ check all that apply

Outdoor Facility	Indoor Facility	Main Pool	Wading Pool	Therapy Pool	Spray Pool	Spa	Swim Spa	Water Recreation

6. Was victim treated by: ____ The facility's staff ____ Emergency Response Personnel ____ A Physician
7. Was resuscitation required ____ No ____ Yes-performed by _____; AED Device used ____ No ____ Yes
8. Was victim admitted to the hospital ____ No ____ Yes-Hospital name _____
9. Did Injury/Illness result in death ____ No ____ Yes-Time of Death _____
10. Identify each Emergency Response Unit (EMS, Police, or Fire) and provide Report # _____
11. Was Certified Pool Operator present ____ No ____ Yes-Attach Pool Operator's certification
12. Was Lifeguard present ____ No ____ Yes-Indicate number of Lifeguards present ____ Identify the lifeguard and victim location on a pool diagram. Submit with report-diagram, facility supervision plan, house rules, pool emergency plan and lifeguard(s) certification.
13. Local and/or State Agencies notified, Name and Date _____

1. Owner/Operator Signature _____ Date _____
2. Print Name/Title _____ Phone _____
3. Email _____ Fax _____