

Swimming Pool Injury/Drowning Report Form

(INCLUDES SWIMMING POOLS, WADING POOLS, THERAPEUTIC POOLS, PLUNGE POOLS AND SPA POOLS)



Minnesota Department of Health
 Swimming Pool Engineering
 P.O. Box 64975
 St. Paul, Minnesota 55164-0975
 651-201-4503

www.health.state.mn.us/divs/eh/pools

In accordance with *Minnesota Rule, 4717.0775*, all pool incidents resulting in death or serious injury that require assistance from emergency medical personnel must be reported to the commissioner by the owner or the owner's agent by the end of the next working day.

Facility Information

Facility Name:

Facility Address:

City:

State:

ZIP:

County:

Facility Phone:

Licensee Name:

Form Completed By

Name:

Address:

City:

State:

ZIP:

Contact Phone:

Injured Person/Drowning Victim

Name:

Address:

City:

State:

ZIP:

Phone:

If victim under 14 years, was adult present? Yes No

Gender: Male Female

Age:

Swimmer Non-swimmer Unknown

Incident

Date and time of incident:

Type of Pool:

Swimming Pool

Wading Pool

Therapeutic Pool

Plunge Pool

Spa Pool

Other _____

Year pool was constructed:

Water depth of incident:

Indoor pool outdoor pool

Was a lifeguard present: Yes No

Specific Information

Pool Injury Successful Rescue Drowning Other _____

How and where did incident occur? (*Specify*)

Area of the body injured: (*Check all that apply*)

Head Torso

Arm/Hand/Finger Leg/Foot/Toe

Neck/Spine

Other (Specify) _____

Type of injury: (*Check all that apply*)

Abrasion or Contusion Strain or Sprain

Concussion Fracture

Laceration Sudden Illness

Other (Specify) _____

Factors Contributing To The Incident (*check all that apply*)

Slippery surfaces: Around pool Bottom of pool Other _____

Deck equipment: Ladder/handrails Lifeguard equipment Other _____

Recirculation equipment: Suction Electrical Other _____

Use of pool equipment: Storage Handling Other _____

Pool enclosure: Inadequate Gate – unlatched or unlocked Other _____

Diving/jumping/sliding: From board From poolside From slide Other _____

Horseplay/Miscalculation: (*Specify*)

Other: (*Specify*) Involved food/drink Natural causes

Were others injured: Yes No (*If yes, list name(s)*)

Email completed form to Steve Klemm at steve.klemm@state.mn.us or mail to the Minnesota Department of Health, Swimming Pool Engineering, P.O. Box 64975, St. Paul, Minnesota 55164-0975.

Form revised 6/24/2015