



Environmental Health Services Section  
 Swimming Pool Engineering  
 Freeman Building  
 625 North Robert Street  
 P.O. Box 64975  
 St. Paul, MN 55164-0975

Pool Code: [www.health.state.mn.us/divs/eh/pools](http://www.health.state.mn.us/divs/eh/pools)  
 Phone: 651-201-4503  
 FAX 651-201-4514

## Swimming Pool Injury Report Form

**includes swimming pools, wading pools, therapeutic pools, plunge pools, and spa pools**

Type or print the following information

Date: \_\_\_\_\_

Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_

If the street address is unknown, provide the distance and direction to the project from closest road intersection.

City/Township \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

**Injured Person:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  
 (area code)

**Form Completed by:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  
 (area code)

**Injury Information**

Date and time of injury: \_\_\_\_\_

How and where did injury occur? \_\_\_\_\_

Describe injury: \_\_\_\_\_

**Medical Assistance Information**

First aid required: \_\_\_\_\_

Emergency Assistance required: \_\_\_\_\_

Hospital required: \_\_\_\_\_

Seen by doctor? \_\_\_\_\_

If injury occurred because of structural or layout problems at the pool, what were the problems and have they been corrected. \_\_\_\_\_