

Public Swimming Pool Accident / Drowning Report

State of Oregon
Department of Human Services
Health Services

Food, Pools and Lodging—Health & Safety
800 NE Oregon Street, Suite 608
Portland, Oregon 97232-2162
Phone (503) 731-4012 FAX (503) 731-4077

This report must be completed for every physician-treated accident or any drowning at a public swimming pool. It is the **responsibility of the pool operator** to submit the completed form promptly to the **Oregon Department of Human Services, Environmental Services and Consultation, 800 NE Oregon, Portland, OR 97232-2162**



Date of Incident	Time:	am	pm
------------------	-------	----	----

Accident ID #	YYYY – MMDD – County #
Official Use Only	

Victim Information

First Name	MI	Last Name	
Address	Number	Street	Apt.#
City or Town	State	Zip Code	

SEX: <input type="checkbox"/> M <input type="checkbox"/> F	Age of Victim:(yrs)	<input type="checkbox"/> Fatal <input type="checkbox"/> Non-Fatal	Non-Swimmer: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Area of the Body Injured: (Check all that Apply)		Type of Injury: (Check all that Apply)	
<input type="checkbox"/> Head	<input type="checkbox"/> Trunk	<input type="checkbox"/> Abrasion or Contusion	<input type="checkbox"/> Strain or Sprain
<input type="checkbox"/> Arm / Hand / Finger	<input type="checkbox"/> Leg / Foot / Toe	<input type="checkbox"/> Concussion	<input type="checkbox"/> Fracture
<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Laceration
Treatment Required: (Check all that Apply)			
<input type="checkbox"/> No Treatment	<input type="checkbox"/> First Aid	<input type="checkbox"/> CPR (<input type="checkbox"/> Manual <input type="checkbox"/> AED <input type="checkbox"/> Oxygen)	
<input type="checkbox"/> Doctor's Office/Emergency Room		<input type="checkbox"/> Admitted to Hospital	
<input type="checkbox"/> Other (Specify)			

Pool Information

Pool License #

Name of Pool		
Address	Number	Street
City	State	Zip Code
Contact Person	Position	Phone

Was the pool open at the time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a lifeguard on duty at the time? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Side 2 of 2

Factors contributing to the accident (Mark as many as apply)

Slippery Surfaces: <input type="checkbox"/> Around Pool <input type="checkbox"/> Bottom of Pool <input type="checkbox"/> Other (Specify)
Deck Equipment: <input type="checkbox"/> Ladder / Handrails <input type="checkbox"/> Lifeguard Equipment <input type="checkbox"/> Other (Specify)
Recirculation Equipment: <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Other (Specify)
Use of Pool Chemicals: <input type="checkbox"/> Storage <input type="checkbox"/> Handling <input type="checkbox"/> Other (Specify)
Pool Enclosure: <input type="checkbox"/> Inadequate <input type="checkbox"/> Gate - Unlatched or Unlocked <input type="checkbox"/> Other (Specify)
Diving/Jumping/Sliding: <input type="checkbox"/> From Board <input type="checkbox"/> From Poolside <input type="checkbox"/> From Slide <input type="checkbox"/> Other Specify
Horseplay/ Miscalculation: (Specify)
Other: (Explain) <input type="checkbox"/> Involved Food/Drink <input type="checkbox"/> Natural Causes
Were Others Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Name(s)

Describe what happened: (Please be legible)
--

Print or Type Name:	Signature:	Date:
----------------------------	-------------------	--------------

