

Pool and Spa Incident Report Form

Facility Information

Facility name: _____

Address: _____

Phone number: _____

Type of Facility: (Check type of facility)

- Class A Pool Class B Pool Spa
- Class C: Wading Pool Class C: Splash Pad Class C: Water Slide Receiving Basin

Incident Information

Date of report: _____

Date and time of incident: _____

Location of incident: (check all that apply)

- Outside Pool Grounds Dressing Room(s) Pool / Spa Deck Open Lawn Fence
- Pool Spa Shallow End Deep End Diving Board Wading Pool Water Slide
- Other: _____

Name of person involved: _____ Age: _____

Details of incident (include activity at time of incident): _____

Description of injuries (including exact location of body): _____

Treatment or action taken by staff (include if treatment refused): _____

Treatment given by emergency services (ambulance, police, fire etc.): _____

Emergency contact notified: Yes No

Environmental conditions: Water (temperature, visibility, etc.) _____

Air (temperature, wind, etc.) _____

Deck (condition etc.) _____

Victim followed all rules and safety procedures: Yes No

Witness name: _____ Age: _____

Address: _____

Phone number: _____

Name of staff involved: _____

Name of person completing report: _____