

Water Recreation Facility Injury Report Form

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Reporting Requirement: The owner or operator **MUST** report any death, near-drowning or serious injury to Public Health - Seattle & King County within 48 hours (RCW 70.90 & WAC 246-260). A serious injury means someone has called for emergency aid (such as "911") and/or the person needs immediate medical treatment at a clinic or emergency room and/or is admitted to a hospital.

Need help? If help is needed in completing this form, call Public Health - Seattle & King County, Environmental Health Division at (206) 296-4632.

Reported by: _____ Phone (with area code): _____
Name of facility: _____ Phone (with area code): _____
Address of facility: _____ County: _____
Name of injured person: _____ Phone (with area code): _____
Address of injured person: _____
Name of doctor seen: _____ Phone (with area code): _____
(Confidential portion)

1. Date of injury

___/___/___ AM | PM
(circle one)

2. Time of day

___/___/___ AM | PM
(circle one)

3. Race

- Asian/Pacific Islander
- Black
- White
- Hispanic
- Native American

4. Day of week injury occurred

5. Age of person

6. Sex: Male Female

7. Where did injury happen?

- (circle one)
- In pool or spa
 - Deck/Walkway
 - Locker room
 - Diving board, Water slide
 - Other (specify): _____

8. When injury is other than drowning or near drowning, note body part injured:

- (circle one)
- Head
 - Neck
 - Back
 - Arm, Leg, Finger, Toe
 - Other (specify): _____

9. If injury includes submersion, was it:

- (circle one)
- Drowning (fatal)
 - Near drowning (resuscitated / non-fatal)
 - Other (specify): _____

10. Taken to the doctor?:

Yes No

11. Taken to the doctor by:

- (circle one)
- Emergency service (fire dept., ambulance, police, etc.)
 - Family, friends or others

12. Result of injury?:

- (circle one)
- Died
 - Hospitalized
 - Treated and released

13. Injury description (provide a short statement describing the injury):

Thank you for your report and information. Please mail this form to Eileen Hennessy at the address at the top of this form. It will be evaluated by our staff and you will be contacted if further information is necessary.

(Office use only)

Received by: _____ Phone: _____ Date: _____

Mailed to: _____ District Office: _____ Mailed to State DOH: _____