

# Public Swimming Pool Accident / Drowning Report

State of Oregon  
Department of Human Services  
Health Services

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**

Environmental Services and Consultation  
800 NE Oregon Street # 21  
Portland, Oregon 97232-2162  
Phone (971) 673-0451 FAX (971) 673-0457



Date of Incident	Time:	am	pm
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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
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## Side 2 of 2

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

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

<b>Describe what happened:</b> (Please be legible)
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<b>Print or Type Name:</b>	<b>Signature:</b>	<b>Date:</b>
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