

Public Swimming Pool Accident / Drowning Report

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 Health Authority, Public Pool Program, 800 NE Oregon, Portland, OR 97232-2162**

State of Oregon
Oregon Health Authority
Public Health Division
Public Pool Program
800 NE Oregon Street, Suite 608
Portland, Oregon 97232-2162
Phone (971) 673-0451 FAX (971) 673-0457

Oregon
Health
Authority

Date of Incident	Time:
------------------	-------

Accident ID #	YY - MM - DD - Accession #
Official Use Only	

Victim Information - Please do not identify the victim by name. If there are multiple victims create a unique identifier for each victim

Unique Identifier	Victim's Residence City or Town	State	Zip Code
-------------------	---------------------------------	-------	----------

<input type="checkbox"/> Fatal <input type="checkbox"/> Non-Fatal	Age of Victim: (yrs)	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	Non-Swimmer: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Possible Contributing Medical Condition? (Check all that apply) <input type="checkbox"/> Cardiac <input type="checkbox"/> Seizure <input type="checkbox"/> Stroke <input type="checkbox"/> Other (Specify) _____	Type of Injury: (Check all that Apply) <input type="checkbox"/> Abrasion or Contusion <input type="checkbox"/> Strain or Sprain <input type="checkbox"/> Concussion <input type="checkbox"/> Fracture <input type="checkbox"/> Laceration <input type="checkbox"/> Other (Specify) _____		
Area of the Body Injured:	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)		
Emergency Response? (Check all applicable) <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Released to Parents for Followup <input type="checkbox"/> Not necessary			

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
Who initially found the victim? <input type="checkbox"/> Lifeguard <input type="checkbox"/> Family Member <input type="checkbox"/> Pool Staff <input type="checkbox"/> Unrelated adult / child <input type="checkbox"/> Other	If the victim was < 14 years old, was an adult supervising or watching them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were they swimming alone (or no one was watching)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pool Open or Closed? <input type="checkbox"/> Open <input type="checkbox"/> Closed (Enclosure Secured <input type="checkbox"/> Y <input type="checkbox"/> N)
Did the lifeguard use their rescue tube? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many staff were involved in the rescue? _____

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)			
Were Others Injured:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, Please Supply Accident Report Identifiers: _____				

Describe what happened: (Please be legible)

Use "victim," "bather," "swimmer," etc. No victim or parent names. Naming of rescuers, witnesses or others may be appropriate. Do not attach EMS, police or insurance reports in lieu of filling this section out. Other reports adding information are appropriate, but may be disposed of after review to protect the injured party's personal information.

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