PUBLIC POOL AND SPA INJURY AND ILLNESS FORM

Maryland Public Pools and Spas regulations (COMAR 10.17.01.51) require a public pool or spa owner to report to the Department of Health and Mental Hygiene (DHMH):
• Within 24 hours of the incident, an injury, drowning, near drowning, or suction entrapment occurring at a pool or spa that results in death or requires resuscitation or admission to a hospital,
• Within 24 hours of the owner’s/operator’s knowledge of the incident, a waterborne illness contracted at a pool or spa, and
• Every 3 months during operation or at the facility’s seasonal closure, a water rescue by aquatic safety personnel,

If a reportable incident occurs, complete the form, attach all required documentation, and fax to the Worcester County Health Department.

1. Facility Name____________________________________
2. Facility Address____________________________________County____________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   Phone__________________________
3. Owner’s Name____________________________________
4. Owner’s Address____________________________________Phone__________________________
5. Pool Management Company Name □ N/A__________________________Phone__________________________
6. Facility Type (i.e. community pool, school, hotel, condominium, health club)__________________________
7. Pool or Spa Use (i.e. adult, general, residents or members only)__________________________

1. Date of Injury or Illness_______/_______/_______      2. Time________a.m. / p.m.      3. Type of Injury or Illness, specify below:
   ______Active Drowning      ______Passive Drowning      ______Near Drowning      ______Water Rescue      ______Suction Entrapment
   ______Injury, specify___________________________________     Other, specify___________________ ________________________
4. Describe the Injury or Illness, attach additional page(s) if necessary_________________________ ______________________________
   __________________________________________________________________________________
   __________________________________________________________________________________
5. Indicate Incident location
   check all that apply

<table>
<thead>
<tr>
<th>Outdoor Facility</th>
<th>Indoor Facility</th>
<th>Main Pool</th>
<th>Wading Pool</th>
<th>Therapy Pool</th>
<th>Spray Pool</th>
<th>Spa</th>
<th>Swim Spa</th>
<th>Water Recreation</th>
</tr>
</thead>
</table>
6. Was victim treated by: _____The facility’s staff  _____Emergency Response Personnel  _____A Physician
7. Was resuscitation required _____No  _____Yes-performed by____________________________; AED Device used _____No  _____Yes
8. Was victim admitted to the hospital _____No  _____Yes-Hospital name__________________________
9. Did Injury/Illness result in death _____No  _____Yes-Time of Death__________________________
10. Identify each Emergency Response Unit (EMS, Police, or Fire) and provide Report #__________________________
11. Was Certified Pool Operator present _____No  _____Yes-Attach Pool Operator’s certification
12. Was Lifeguard present _____No  _____Yes-Indicate number of Lifeguards present __________  Identify the lifeguard and victim location on a pool diagram. Submit with report-diagram, facility supervision plan, house rules, pool emergency plan and lifeguard(s) certification.
13. Local and/or State Agencies notified, Name and Date__________________________

1. Owner/Operator Signature_________________________________________Date________
2. Print Name/Title____________________________________Phone__________________________
3. Email__________________________Fax__________________________

WCHD 1/30/08