



**Water Recreation Facility  
 Injury Report Form**

**Reporting Requirement:** The owner or operator **MUST** report any death, near drowning or serious injury to the Department 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 the Environmental Health Division at your local health jurisdiction or the state Department of Health at (360) 236-3073, or 236-3392 or 1(888) 586-9427.

Name of Facility: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address of Facility: \_\_\_\_\_ County: \_\_\_\_\_

Name of Injured Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address of Injured Person: \_\_\_\_\_

Date of Injury  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of Day  
 \_\_\_\_:\_\_\_\_ AM PM  
 (Circle One)

Race (Circle One)  
 Asian/Pacific      Black  
 White              Hispanic  
 Native American    Other

Day of Week of Injury  
 \_\_\_\_\_

Age of Person  
 \_\_\_\_\_ Years

Sex (Circle One)  
 Female      Male

Where did Injury Occur?  
 (Circle One)

- In Pool or Spa
- Deck/Walkway
- Locker Room
- Diving Board or Slide
- Other (Specify)

\_\_\_\_\_

When Injury is other than  
 Drowning or Near Drowning  
 (Circle One)

- Head
- Neck
- Back or Trunk
- Arm/Leg,  
 Finger/Toe

\_\_\_\_\_

If Injury included Submersion,  
 was it: (Circle One)

- Drowning (Fatal)
- Near Drowning  
 (Resuscitated/Non  
 Fatal)
- Other (Specify)

\_\_\_\_\_

Taken to Doctor? (Circle One)

- Emergency Service  
 (Fire, Ambulance,  
 Police, Etc)
- Family, Friends or  
 Others

Result of Injury? (Circle One)

- Died
- Hospitalized
- Treated &  
 Released

Injury Description: (Provide a Short Statement Describing the Injury): \_\_\_\_\_