Water Recreation Facility
Injury Report Form

Reporting Requirement: The owner or operator MUST report any death, near drowning, or serious injury to their local health department (preferred) or the state Department of Health within 48 hours (RCW 70.90 and WAC 246-260). A serious injury means someone has called for emergency aid (such as 911) and the person needs immediate medical treatment at a clinic or emergency room, or has been admitted to a hospital.

- Local Health Departments: www.doh.wa.gov/localhealth
- State Department of Health: www.doh.wa.gov/watersafetycontact or 1-877-485-7316

Name of Facility: 
Facility Phone: ( ) -

Facility Address: 
County:

Injury Date: / / Time: : AM PM Day of the Week:

Injured Person’s Name: 
Person’s Phone: ( ) -

Person’s Address: 
Person’s Age: Years

Gender: Female Male Hispanic or Latino: Yes No

Race:
- American Indian or Alaska Native
- Asian
- Black or African American
- White
- Native Hawaiian or Other Pacific Islander
- Other:

Injury Location:
- In Pool or Spa
- Deck/Walkway
- Locker Room
- Diving Board or Slide
- Other:

Type of Injury (not including drowning or near drowning): 
- Head
- Neck
- Back or Trunk
- Arm, Leg, Finger, Toe
- Other:

Type of Injury (if included submersion):
- Drowning (Fatal)
- Drowning survival (Resuscitated/Non Fatal)
- Other:

Taken to Doctor by: 
- Emergency Service (Fire, Ambulance, Police)
- Family, Friends, or Others

Result of Injury: 
- Died
- Hospitalized
- Treated and Released

Injury Description (Provide a short statement describing the injury):