

## Water Recreation Facility Injury Report Form

**Reporting Requirement:** The owner/operator must report any death, near drowning or serious injury to Spokane Regional Health District within 48 hours (RCW 70.90 and WAC 246-260). A serious injury means someone has called for emergency aid (e.g., 911) and/or the person needs immediate medical treatment at a clinic or emergency room and/or is admitted to a hospital. Please return this form to Spokane Regional Health District, 1101 W. College Ave., Suite 402, Spokane, WA 99201-2095.

**Need Help?** If help is needed in completing this form, call the Spokane Regional Health District at (509) 324-1560, Ext. 4.

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

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

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

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

..... (CONFIDENTIAL PORTION) .....

1. **Date of Injury:**

\_\_\_/\_\_\_/\_\_\_

2. **Time of Day:**

\_\_\_/\_\_\_ AM/PM  
(circle one)

3. **Race:**

Asian \_\_\_\_\_ Black \_\_\_\_\_  
Hispanic \_\_\_\_\_ White \_\_\_\_\_  
Native American \_\_\_\_\_  
Other \_\_\_\_\_

4. **Day of Week Injury Occurred:**

\_\_\_\_\_

5. **Age of Person:** \_\_\_\_\_

6. **Sex:** M \_\_\_\_\_ F \_\_\_\_\_

7. **Where did injury happen?**

(circle one)

- 1) In Pool or Spa
- 2) Deck/Walkway
- 3) Locker Room
- 4) Diving board, Water slide
- 5) Other (specify)

\_\_\_\_\_  
\_\_\_\_\_

8. **When injury is other than drowning or near drowning, note body part injured: (circle one)**

- 1) Head
- 2) Neck
- 3) Back
- 4) Arm, Leg, Finger, Toe
- 5) Other (specify)

\_\_\_\_\_  
\_\_\_\_\_

9. **If injury includes submersion was it:**

- 1) Drowning (fatal)
- 2) Near Drowning (resuscitated-non-fatal)
- 3) Other (specify)

\_\_\_\_\_  
\_\_\_\_\_

10.A) **Taken to doctor?**

Yes \_\_\_ No \_\_\_

B) **Taken by: (circle one)**

- 1) Emergency service (fire dept., ambulance police, etc.)
- 2) Family, friends or others

11. **Result of injury? (circle one)**

- 1) Died
- 2) Hospitalized
- 3) Treated and released

12. **Injury description:** Please provide a short statement describing injury:

\_\_\_\_\_  
\_\_\_\_\_



*Always working for a safer and healthier community*