

# Water Recreation Facility Injury Report Form

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**Reporting Requirement:** The owner or operator **MUST** report any death, near-drowning or serious injury to Public Health - Seattle & King County 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 Public Health - Seattle & King County, Environmental Health Division at (206) 263-9566.

Reported by: \_\_\_\_\_ Phone (with area code): \_\_\_\_\_  
Name of facility: \_\_\_\_\_ Phone (with area code): \_\_\_\_\_  
Address of facility: \_\_\_\_\_ County: \_\_\_\_\_  
Name of injured person: \_\_\_\_\_ Phone (with area code): \_\_\_\_\_  
Address of injured person: \_\_\_\_\_  
Name of doctor seen: \_\_\_\_\_ Phone (with area code): \_\_\_\_\_  
*(Confidential portion)*

**1. Date of injury**

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

**2. Time of day**

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

**3. Race**

- Asian/Pacific Islander
- Black
- White
- Hispanic
- Native American

**4. Day of week injury occurred**

\_\_\_\_\_

**5. Age of person**

\_\_\_\_\_

**6. Sex:**  Male  Female

**7. Where did injury happen?**

- (circle one)
- In pool or spa
  - Deck/Walkway
  - Locker room
  - Diving board, Water slide
  - Other (specify): \_\_\_\_\_

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

- (circle one)
- Head
  - Neck
  - Back
  - Arm, Leg, Finger, Toe
  - Other (specify): \_\_\_\_\_

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

- (circle one)
- Drowning (fatal)
  - Near drowning (resuscitated / non-fatal)
  - Other (specify): \_\_\_\_\_

**10. Taken to the doctor?:**

Yes  No

**11. Taken to the doctor by:**

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

**12. Result of injury?:**

- (circle one)
- Died
  - Hospitalized
  - Treated and released

**13. Injury description** (provide a short statement describing the injury):

\_\_\_\_\_

**Thank you for your report and information. It will be evaluated by our staff and you will be contacted if further information is necessary.**

(Office use only)

6/2016

Received by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Mailed to: \_\_\_\_\_ District Office: \_\_\_\_\_ Mailed to State DOH: \_\_\_\_\_