



Creating a State of Health

PROTECTIVE HEALTH SERVICES

Oklahoma State Department of Health
Consumer Health Service
PO Box 268815
OKC, OK 73126-8815
Telephone: (405) 271-5243
FAX: (405) 271-5286

PUBLIC BATHING PLACE - INCIDENT REPORT FORM

Please check the type of incident (mark all that apply): Injury Contamination

In the event of a **DROWNING** or **HOSPITALIZATION**, call your local county health department or Consumer Health **IMMEDIATELY** after the incident is handled with local medical authorities.
Outside of business hours M-F / 8-5, leave a message with local health (if available) or Consumer Health (405-271-5243).

INJURY INCIDENT

Injury Type: Drowning Resulting in Death Recovered Drowning Hospitalization Other: _____

Name of Person Injured: _____ Age: _____

Was the Injured Person a: Bather Observer

Parent/Guardian Name: _____

Contact Number: _____ &/or Email: _____

Address: _____

Actions Taken (mark all that apply):

Contacted 911 or other ER #: _____ Who Called: _____ Time of Call: _____

CPR Performed; Who Performed: _____ Time Started: _____

Time of Emergency Medical Services Arrival: _____ or Patient Refused Assistance

Attach a Brief Summary of Incident (person(s) on duty/location/other witnesses and contact information; type of injury/reasons injury may have resulted).

CONTAMINATION INCIDENT

Contamination Type (mark all that apply): Fecal-Solid Fecal-Watery Vomit Blood Other: _____

Area(s) Contaminated (mark all that apply): Water* Deck Bathhouse Other: _____

*If separate pump systems, list pool contaminated: _____

Actions Taken (mark all that apply):

Closed Facility: Time Closed: _____ Sanitizer levels at time of incident: _____

Pool/Spa Treated: Chemical (type/amount): _____ Filter Cleaned

Area Cleaned # of Complete Turnovers before Opening: # _____

Measurements: pH: _____ CYA: _____ Temp: _____ Chlorine (ppm): _____

Water Drained Facility Reopened: Time: _____ Date: _____

Attach a Brief Summary of Incident (person(s) on duty/location/other witnesses and contact information; etc.).

Certified Pool Operator Name: _____ Phone#: _____

CPO Signature: _____ Date: _____

Mail a copy of final report to local county health department within seven (7) days of incident.