

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: _____