INJURY AND ILLNESS REPORT FORM

COMAR 10.17.01.51 REQUIRES A PUBLIC POOL OR SPA OWNER TO REPORT TO THE SECRETARY ANY INJURY, DROWNING, NEAR DROWNING, SUCTION ENTRAPMENT, OR WATERBORNE ILLNESS OCCURRING AT A POOL OR SPA THAT RESULTS IN DEATH OR THAT REQUIRES RESUSCITATION OR ADMISSION TO A HOSPITAL WITHIN 24 HOURS OF THE OWNER’S OPERATORS KNOWLEDGE. A WATER RESCUE BY AQUATIC SAFETY PERSONNEL SHALL BE REPORTED TO THE SECRETARY EVERY 3 MONTHS DURING OPERATION OR AT THE SEASONAL CLOSURE OF THE FACILITY, WHICHEREVER IS MORE FREQUENT.

Name of Owner ________________________________________________________

Address of Owner _________________________________________

_____________________________________________________

_____________________________________________________

Type of Facility:  
______Recreational Pool       _____Semi-Public Pool       ____Limited Public Use Pool

_____Spa

Type of Supervision Present: 
Lifeguard Present: Yes ___   No___
If Lifeguard was Present How Many Were on Duty: ____________________________
Certified Operator Present: Yes_____ No_____ 

Date of Injury or Illness: ____________________________

Type of Injury or Illness: 
______Injury ___Drowning ___ Near Drowning ___ Suction Entrapment

_____Waterborne Illness ___ Water Rescue ___ Other

Describe the Injury, Illness or Incident:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Was Individual Seen by a Physician or Admitted to the Hospital: _____Yes _____No

Was Resuscitation Required: Yes ____    No____

Did Individual Survive: Yes _____    No____

Owner/Operator’s Signature: __________________________________

EHS/Community Protection/Pool Program/Pool Injury Report Form

Revised 10/30/2018