



# CECIL COUNTY HEALTH DEPARTMENT

JOHN M. BYERS HEALTH CENTER • 401 BOW STREET • ELKTON, MD 21921

WWW.CECILCOUNTYHEALTH.ORG

## Maryland Department of Health

### 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 OCCURING 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, WHICHEVER 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

#### Healthy People. Healthy Community. Healthy Future.

ADMINISTRATIVE SERVICES.....	410-996-5550	ENVIRONMENTAL HEALTH SERVICES.....	410-996-5160
ALCOHOL AND DRUG RECOVERY CENTER.....	410-996-5106	HEALTH PROMOTION.....	410-996-5168
EMERGENCY PREPAREDNESS.....	410-996-5113	MENTAL HEALTH AND SPECIAL POPULATIONS SERVICES.....	410-996-5112
COMMUNITY HEALTH SERVICES.....	410-996-5130	TTY USERS FOR DISABLED: MARYLAND RELAY.....	.800-201-7165
DISEASE CONTROL.....	410-996-5100	EN ESPAÑOL.....	410-996-5550 EXT 4680

CECIL COUNTY HEALTH DEPARTMENT TOLL FREE. .... 877-334-9985