

**ARKANSAS DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH PROTECTION  
ENVIRONMENTAL HEALTH SERVICES  
REPORT OF ACCIDENT OR DROWNING AT POOLS, SPAS  
OR OTHER RELATED FACILITIES**

**GENERAL INFORMATION**

Name of Facility: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Name of Victim: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Accident  Drowning  Fatality

Description of water and weather conditions at time of the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of employees involved in rescue attempt or treatment of injury:  
\_\_\_\_\_  
\_\_\_\_\_

Facility open at time of incident Yes  No  Lifeguard on duty Yes  No  Bather load: \_\_\_\_\_

VICTIM: Male  Female  Age: \_\_\_\_\_ Non-Swimmer Yes  No

FACILITY: Indoor  Outdoor  Spa  Pool  Water Slide  Other  (Specify): \_\_\_\_\_

Emergency telephone provided: Yes No

Type of lifesaving/firstaid training of employees involved: \_\_\_\_\_  
\_\_\_\_\_

TYPE OF INJURY: Abrasion or contusion  Concussion  Fracture  Laceration  Strain or Sprain

Other  (Specify): \_\_\_\_\_

AREA OF BODY INJURED: Head  Trunk  Arm, hand or finger  Leg, foot or toe

Other  (Specify): \_\_\_\_\_

DESCRIPTION OF INJURY: \_\_\_\_\_  
\_\_\_\_\_

**FACTORS WHICH MAY HAVE CONTRIBUTED TO ACCIDENT**

Slippery Surface: Surrounding pool  Bottom of pool  Steps

Other  (Specify): \_\_\_\_\_

Deck Equipment: Ladders or handrails  Lifeguard equipment

Other  (Specify): \_\_\_\_\_

Pool Enclosure: Inadequate  Gate unlatched  Horseplay involved

Other  (Specify): \_\_\_\_\_

Recirculation/Filtration Equip.: Mechanical  Electrical  Missing/broken equipment

Other  (Specify): \_\_\_\_\_

Diving, Jumping or Sliding: From board  From poolside  From slide

Other  (Specify): \_\_\_\_\_

Other: Swimming miscalculation  Natural causes  Use of alcohol

Chemical or chemical related accident: Yes  No

If Yes, chemicals involved: \_\_\_\_\_

Brief description of accident: \_\_\_\_\_

\_\_\_\_\_

Were police, rescue unit or other emergency personnel called: Yes  No

If Yes, list: \_\_\_\_\_

Brief description of emergency action taken on site: \_\_\_\_\_

Degree of treatment required: None  CPR  First aid  Emergency room  Hospital admission

If necessary, make a sketch of the pool/spa area involved in the injury or accident

Additional remarks relevant to this accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date