



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Drinking Water and Environmental Health Division

Public Swimming Pool Accident Report

Issued under authority of Part 125 of 1978 PA 368, as amended.

SP _____ - _____ - _____

Contact Information

Date of Investigation: _____

Name of Establishment: _____

Address: _____

City: _____ State: ___ Zip Code: _____ City or Township: _____

Owner or Person in Charge: _____ Title: _____

Accident Information

Name of Accident Victim: _____ Age: _____ Sex: M F

Date of Accident: _____ Time of Accident: _____

1. Nature of accident (Describe specific details): _____

2. Did injury occur? Yes No If Yes, describe the nature of the injury: _____

a. Did injury require medical attention? Yes No If Yes, explain: _____

b. Was victim hospitalized? Yes No Where? _____

3. What condition or action caused or contributed to the accident? _____

4. Were there any previously cited pool violations that may have contributed to this accident and/or injury? Yes No If Yes, list these violations: _____

5. Was a lifeguard required at the pool? Yes No
If Yes, was the lifeguard present at the time of the accident? Yes No

6. If a lifeguard was not required, give location and duty of the nearest available person of responsibility for the pool: _____

7. What safety equipment was used? _____

8. Additional comments (Attach any applicable information, documents, or reports): _____

9. Attach a list of the names, addresses, and phone numbers of person interviewed and witnesses.

10. Attach a copy of the Swimming Pool Inspection Report.

Health Department Representative: _____

Title: _____ Date: _____

Person Interviewed: _____

Title: _____ Date: _____

Forward copy of report to EGLE

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