# Public Swimming Pool Accident Report

**Date of Investigation:**  

**Name of Establishment:**  

**Address:**  

**City or Township:**  

**Owner or person in charge:**  

**Title:**  

**Name of Accident Victim:**  

**Age:**  

**Sex:**  

**Date of Accident:**  

**Time of Accident:**  

1) Nature of accident (Describe specific details):  

2) Did injury occur?  

**Y**  

**N**  

If Yes, describe the nature of the injury:  

a) Did injury require medical attention?  

**Y**  

**N**  

If yes, explain:  

b) Was victim hospitalized?  

**Y**  

**N**  

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?  

**Y**  

**N**  

If yes, list these violations:  

5) Was a lifeguard required at the pool?  

**Y**  

**N**  

If yes, was the lifeguard present at the time of the accident?  

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 a copy of the report to the MDEQ.