



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
 OFFICE OF DRINKING WATER AND MUNICIPAL ASSISTANCE
PUBLIC SWIMMING POOL ACCIDENT REPORT
Issued under authority of Part 125 of 1978 PA 368, as amended

SP

--	--

 -

--	--	--	--

 -

--

Date of Investigation:		
Name of Establishment :		
Address:		City or Township:
Owner or person in charge:		Title:
Name of Accident Victim:	Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Date of Accident:	Time of Accident:	
1) Nature of accident (Describe specific details):		
2) Did injury occur? Y <input type="checkbox"/> N <input type="checkbox"/> If Yes, describe the nature of the injury:		
a) Did injury require medical attention? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, explain:		
b) Was victim hospitalized? Y <input type="checkbox"/> N <input type="checkbox"/> 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 <input type="checkbox"/> N <input type="checkbox"/>		
If yes, list these violations:		
5) Was a lifeguard required at the pool? Y <input type="checkbox"/> N <input type="checkbox"/> 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