MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Drinking Water and Environmental Health Division

Public Swimming Pool Incident Report

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

Instructions

The swimming pool owner/operator shall complete this form after a water rescue, submersion, suction entrapment, drowning, and any injury that requires emergency medical care per rule 99(1)(b). This form and any supporting documentation shall be submitted to the local health department within 24 hours of the incident. The incident should also be listed in the monthly operating report.

SP ___ ___ ___ ___ - ___ ___

Contact Information

Date of Investigation: _____

Name of Establishment: _____

Address: _____

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

Owner or Person in Charge: _____ Title: _____

Incident Information

Name of Injured Person: _____ Age: _____ Sex: M ☐ F ☐

Date of incident: _____ Time of incident: _____

1. Was the pool/spa open at time of incident? Yes ☐ No ☐
2. Describe what happened (Provide specific details, attach additional sheets if needed.):

   _____

   _____

   _____
3. Did injury occur? Yes ☐ No ☐ If Yes, describe the injury and medical care provided:

   _____

   _____

   a. Was CPR performed? Yes ☐ No ☐
   b. Was an AED device used? Yes ☐ No ☐
   c. Was injured person transported to a medical facility? Yes ☐ No ☐
4. Number of swimmers/witnesses present during the incident: _____
5. Was a lifeguard required at the pool? Yes ☐ No ☐
   If Yes, was the lifeguard present at the time of the incident? Yes ☐ No ☐

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

_____

7. What safety equipment was used? (Check all that apply)
   Ring Bouy ☐ Life Hook/Shepherd's Crook ☐ Rescue Tube ☐ Other: _____ None ☐
8. Did the incident cause contamination of the pool water? Yes ☐ No ☐
   a. If Yes, was the appropriate contingency plan protocol followed? Yes ☐ No ☐
9. Additional comments (attach any applicable information, documents, or reports):

   _____

   _____
10. Attach a list of the names and phone numbers of witnesses and people interviewed.

FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Complete the questions below and upload this form and any supporting documentation or swimming pool inspection report to EGLE through MiEHDWIS by creating a new activity and selecting the incident report activity under the swimming pool activity menu.

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

    _____

    _____
12. What condition or action caused or contributed to the incident? _____
13. Is the pool safe to resume normal operations? Yes ☐ No ☐
14. If applicable, attach a copy of the Swimming Pool Inspection Report.

Health Department Representative: _____
Title: _____ Date: _____
Person Interviewed: _____
Title: _____ Date: _____

People with disabilities may request this material in an alternate format by emailing EGLE-Accessibility@Michigan.gov or calling 800-662-9278.

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