

## ACHD BATHING PLACE INCIDENT REPORT FORM

3190 Sassafras Way
Pittsburgh, PA 15201
(Phone) 412-350-4046 (Fax) 412-350-2792
(Email) poolinjuryreport@alleghenycounty.onmicrosoft.com

## IMMEDIATELY CALL TO REPORT ALL DROWNINGS AND CATASTROPHIC INJURIES TO: 412.350.4046 or 412.687.ACHD

Use this form to report all injuries/incidents involving treatment by a doctor, hospital staff, EMS, resuscitation, CPR, or use of a backboard. *Also report any water rescues*.

Facility information							
Facility Name:		Client ID#:					
Address:		Facility Phone:					
City: State: Zip:		Email:					
Name of Registered Manager (if applicable):		Phone:					
Type of Facility: (check all th	at apply)						
☐Swimming Pool	☐Health Club	□Condo/HOA/Community Assoc.					
□Wading Pool	□School Pool	□Hotel/Motel					
□Spray Pad	☐Waterslide Pool	□Apartment Pool					
□Spa/Hot Tub	□Diving Board/Well	□Other					
Year of pool construction:		☐ Indoor Pool ☐ Outdoor Pool					
Incident							
Date and time of incident:							
Incident was: ☐Water Rescu	ue/No Injury □Water Ro	escue/Injury    Not Water Related/Injury					
<u> </u>	•	port minor cuts, scrapes, bee stings, etc.)					
□ Fatal Drowning □ Non-Fatal Drowning w/ permanent injury □ Non-Fatal Drowning w/ no injury							
☐ Neck/Spinal injury ☐ Cut	□Fracture or Sprain	□Poisoning □Asphyxiation □Other					
Depth of water where inciden	□ N/A (not water related)						
Was a lifeguard present: ☐ Yes ☐ No ☐ Not Required If yes, # on duty at waterside:							
Highest level of treatment:	(check all that apply)						
☐Treatment by lifeguard ☐Treatment by EMS							
☐Taken to Hospital Hospital/Physician name:							
Injury result: □Recovered/	No permanent injury	□Paralysis □Death □No injury					

Name:						
Address:						
City:		State:	Zip:	Pho	ne:	
Age:			er 14, was an adult			No
Gender:	☐ Male	☐ Female	Incident occur		n the water	☐ On the deck/law
		on (describe the in	cident in detail and	attach add	itional sheets	or drawings if
necessary)						
Form com	oleted by					
Name:						
Address:						
City:		State:	Zip:	Pho	ne:	
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In accordance with Allegheny County Health Department, Rules and Regulations, Article IX-Bathing Places, Sec. 928 A:

Every operator and owner of any bathing place, bathing beach, hot tub, spa, or other facility covered by this Article shall report all injuries requiring medical treatment which were sustained by any person using said facilities. Medical treatment includes treatment administered by physicians, hospital staff, and emergency medical personnel. Such reports shall be made to the Department within one week of occurrence on forms provided by the Department. Information on the victim, type of injury, treatment, outcome, and injury circumstances shall be designated on the Department's form. Injuries such as drowning, an event requiring resuscitation, head or spinal injuries, or poisoning or asphyxiation from gaseous or solid disinfectants shall be reported to the Department by telephone immediately, within 24 hours.