PUBLIC POOL AND SPA INJURY AND ILLNESS REPORT FORM

Anne Arundel County Code {11-14-302(c)} requires that a public or semi-public pool owner shall ensure that an injury occurring at a pool that results in death, resuscitation or admission to a hospital is reported to the Health Officer within five days of the incident and that a waterborne illness contracted at a pool is reported to the Health Officer no more than 24 hours after the owner or operator becomes aware of the incident.

If a reportable incident occurs, complete this form, attach all required documentation and submit it to the Anne Arundel County Department of Health as stipulated.

1. Facility Name _____________________________________________________________________________________________________
2. Facility Address __________________________________________________________________________________________________
   County __________________________ Phone __________________________
3. Owner’s Name ______________________________________________________________________________________________________
4. Owner’s Address __________________________________________________________ Phone __________________________
5. Pool Management Company Name □ NA ______________________________________ Phone __________________________
6. Facility Type (i.e., community pool, school, hotel, condominium, health club) __________________________
7. Pool or Spa Use (i.e., adult, general, residents or members only) __________________________
8. Date of Injury or Illness _____/_____/______
9. Time ______a.m./p.m.
10. Type of Injury or Illness. Specify below:
    ___ Active Drowning      ___ Passive Drowning      ___ Near-Drowning     ___ Water Rescue      ___ Suction Entrapment
    ___ Injury, Specify ______________________________________________________
    ___ Waterborne Illness, Specify ___________________________________________
    ___ Other, Specify ______________________________________________________
11. Describe the Injury or Illness, attach additional page(s) if necessary __________________________________________________________
12. Indicate Incident Location X all that apply

<table>
<thead>
<tr>
<th>Outdoor Facility</th>
<th>Indoor Facility</th>
<th>Main Pool</th>
<th>Wading Pool</th>
<th>Therapy Pool</th>
<th>Spray Pool</th>
<th>Spa</th>
<th>Swim Spa</th>
<th>Water Rec Feature, Specify</th>
</tr>
</thead>
</table>
13. Was Victim Treated by _____ The Facility’s Staff     _____ Emergency Response Personnel     _____ A Physician
14. Was Resuscitation Required _____ No     _____ Yes-Performed by ____________________; AED Device Used _____ No     _____ Yes
15. Was Victim Admitted to the Hospital _____ No     _____ Yes-Hospital Name __________________________
16. Did Injury/Illness result in Death _____ No     _____ Yes-Date and Time of Death __________________________
17. Identify Each Emergency Response Unit (EMS, Police or Fire) and Provide Report Number __________________________
18. Was a Certified Pool Operator present? _____ No     _____ Yes-Attach copy of Pool Operator’s Certification
19. Was a Lifeguard present? _____ No     _____ Yes-Indicate number of Lifeguards present
   Identify the Lifeguard(s) and Victim location on a pool diagram. Submit with report: diagram, facility supervision plan, house rules, pool emergency plan and copy of the Lifeguard’s Certification.
20. Location and/or State Agencies Notified, Name and Date __________________________

Owner/Operator’s Signature __________________________ Date __________________________
Print Name/Title __________________________ Phone __________________________
Email __________________________ Fax __________________________