



Maryland Department of Health
 Center for Recreation and Community Environmental Health Services
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PUBLIC POOL AND SPA INJURY AND ILLNESS REPORT FORM

Maryland Public Pools and Spas regulations (COMAR 10.17.01.51) require a public pool or spa owner to report to the Maryland Department of Health (MDH):

- Within 24 hours of the incident, an injury, drowning, near drowning, or suction entrapment occurring at a pool or spa that results in death or requires resuscitation or admission to a hospital,
- Within 24 hours of the owner's/operator's knowledge of the incident, a waterborne illness contracted at a pool or spa, and
- Every 3 months during operation or at the facility's seasonal closure, a water rescue by aquatic safety personnel.

If a reportable incident occurs, complete the form, attached all required documentation, and submit to the **local health department** 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) _____

1. Date of Injury or Illness ____/____/____ 2. Time ____ a.m. / p.m. 3. Type of Injury or Illness, Specify below:
 ____ Active Drowning ____ Passive Drowning ____ Near-Drowning ____ Water Rescue ____ Suction Entrapment
 ____ Injury, Specify _____
 ____ Waterborne Illness, Specify _____ ____ Other, Specify _____
4. Describe the Injury or Illness, attach addition page(s) if necessary _____

5. Indicate Incident Location	Outdoor Facility	Indoor Facility	Main Pool	Wading Pool	Therapy Pool	Spray Pool	Spa	Swim Spa	Water Recreation Feature, Specify
<i>√Check all that apply</i>									

6. Was Victim Treated by ____ The Facility's Staff ____ Emergency Response Personnel ____ A Physician
7. Was Resuscitation Required ____ No ____ Yes-Performed by _____; AED Device Used ____ No ____ Yes
8. Was Victim Admitted to the Hospital ____ No ____ Yes-Hospital Name _____
9. Did Injury/Illness Result in Death ____ No ____ Yes-Date/Time of Death _____
10. Identify Each Emergency Response Unit (EMS, Police, or Fire) and Provide Report # _____
11. Was a Certified Pool Operator Present ____ No ____ Yes-Attach Pool Operator's Certification
12. Was a Lifeguard Present ____ No ____ Yes-Indicate Number of Lifeguards Present _____ -Identify the lifeguard and victim location on a pool diagram. Submit with report-diagram, facility supervision plan, house rules, pool emergency plan, and lifeguard(s) certification.
13. Local and/or State Agencies Notified, Name and Date _____

1. Owner/Operator's Signature _____ Date _____
2. Print Name/Title _____ Phone _____
3. EMail _____ Fax _____