



OKC-County
Health Department

Oklahoma City-County Health Department
Food Safety & Environmental Health
2400 NW 36 St
OKC, OK 73112
Telephone: (405) 425-4410
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PUBLIC BATHING PLACE - INCIDENT REPORT FORM

Please check the type of incident (mark all that apply): Injury Contamination

Fatal/Non-Fatal Drowning, Injury, Entrapment, Illness, Contamination, Chemical, Etc. This report should be filled out as soon as possible after the event. Notify your local health department and send them a copy of this report, along with operator report forms from the two previous weeks.

INJURY INCIDENT

Injury Type: Drowning Resulting in Death Recovered Drowning Hospitalization Other: _____

Name of Person Injured: _____ Age: _____

Was the Injured Person a: Bather Observer

Parent/Guardian Name: _____

Contact Number: _____ &/or Email: _____

Address: _____

Actions Taken (mark all that apply):

Contacted 911 or other ER #: _____ Who Called: _____ Time of Call: _____

CPR Performed; Who Performed: _____ Time Started: _____

Time of Emergency Medical Services Arrival: _____ or Patient Refused Assistance

Attach a Brief Summary of Incident (person(s) on duty/location/other witnesses and contact information; type of injury/reasons injury may have resulted).

CONTAMINATION INCIDENT

Contamination Type (mark all that apply): Fecal-Solid Fecal-Watery Vomit Blood Other: _____

Area(s) Contaminated (mark all that apply): Water* Deck Bathhouse Other: _____

*If separate pump systems, list pool contaminated: _____

Actions Taken (mark all that apply):

Closed Facility: Time Closed: _____ Sanitizer levels at time of incident: _____

Pool/Spa Treated: Chemical (type/amount): _____ Filter Cleaned

Area Cleaned # of Complete Turnovers before Opening: # _____

Measurements: pH: _____ CYA: _____ Temp: _____ Chlorine (ppm): _____

Water Drained Facility Reopened: Time: _____ Date: _____

Attach a Brief Summary of Incident (person(s) on duty/location/other witnesses and contact information; etc.).

Certified Pool Operator Name: _____ Phone#: _____

CPO Signature: _____ Date: _____

Mail/eMail/Fax a copy of final report to local county health department within seven (7) days of incident.