OKC-County Health Department

Oklahoma City-County Health Department
Food Safety & Environmental Health
2401 NW 23 St, Ste 70
OKC, OK 73107
Telephone: (405) 425-4410
FAX: (405) 419-4227

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:_____

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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:_____

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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.