KCMO HEALTH DEPARTMENT
ENVIRONMENTAL PUBLIC HEALTH
2400 TROOST AVE, SUITE 3200
KANSAS CITY, MO 64108
Phone: (816) 513-6315 Fax: (816) 513-6290

PUBLIC POOL AND SPA INJURY INCIDENT REPORT FORM

Please use one form for each injured person. DO NOT include their personal information (e.g., name, address, phone number, etc.).

Should a reportable incident occur, complete the form, attach all required documentation, and submit to the KCMO Health Department within 24 hours of an injury, drowning, near drowning, or suction entrapment occurring at a pool or spa that results in death or requires resuscitation transfer/admission to a hospital.

FACILITY INFORMATION

Facility Name:	**Facility Address**:		
City:	**State**:	**ZIP**:	**Facility Phone**:

Facility Type: ☐Govt/City Pool ☐Apartment/Condo ☐Hotel/Motel ☐Manufactured/Mobile Home Park ☐School ☐Camp ☐Other: ________________

DESCRIPTION OF INJURED PERSON

Age *(years)*:	**Sex**: ☐M ☐F ☐Other	**Resident County**:	**Was injured party**: ☐Employee ☐Patron ☐Other: ____________________________

DESCRIPTION OF INCIDENT

Incident Date *(mm/dd/yyyy)*:	**Time of day**: __ __:__ __ ☐AM ☐PM	**Day of week incident occurred**: ☐Sun ☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri ☐Sat

What happened? *(attach additional sheets, if needed)*:

Location of Incident *(check all that apply)*:
☐Outdoor Facility ☐Indoor Facility
☐Main Pool ☐Wading Pool
☐Zero Entry Pool ☐Therapy Pool
☐Spa/Hot Tub ☐Diving Board
☐Slide ☐Spray Ground/Splash Pad
☐Other Water Feature:

Was the pool/spa open at time of the incident? ☐Yes ☐No Was the enclosure secured? ☐Yes ☐No	Were lifeguards present? ☐Yes ☐No ☐N/A # Lifeguards present: ________	Water depth of incident: __________(ft.)_________(in.)	Number of swimmers/witnesses present during the incident:

Result of Incident:

Was there a water rescue?	☐Yes	☐No
Was rescue breathing/resuscitation required?	☐Yes	☐No
Was the Heimlich Maneuver required?	☐Yes	☐No
Was the person immobilized?	☐Yes	☐No
Was an AED Device used?	☐Yes	☐No
Was oxygen supplied?	☐Yes	☐No
Was EMS called?	☐Yes	☐No
Did staff provide care or first-aid?	☐Yes	☐No
Did injured person refuse care or first-aid?	☐Yes	☐No
Did injured person return to water activity?	☐Yes	☐No
Was injured person transported to a medical facility?	☐Yes	☐No

Rescue Equipment Used:
☐Rescue Can
☐Rescue Tube
☐Ring Buoy
☐Life Hook/Shepherd's Crook
☐Other: ________________
☐N/A

DESCRIPTION OF INJURY

Type of Injury: ☐Burn ☐Bump/Bruise ☐Cut ☐Puncture
☐Scrape ☐Dislocation ☐Sprain ☐Fracture
☐Spinal ☐Near Drowning ☐Suffocation/Drowning
☐Other: ____

Area Injured: ☐Head/Neck ☐Arm/Shoulder ☐Leg/Hip/Knee ☐Trunk/Torso
☐Face/Eyes ☐Hand/Wrist ☐Foot/Ankle ☐Back
☐Other: ____

Front ***Back***

FORM COMPLETED BY

Name *(print)*:	**Contact Phone**:
Title *(e.g. pool operator, lifeguard, etc.)*:	**Date**:

OFFICE USE ONLY
Permit #: ___________
Rec'd by: ___________ Date: ___________