

Public Assistance & Work Support Strategies ~ Public Health ~ Social Work Services ~ Veterans Services

Mandatory Report of Illness, Injury, or Death Attributed to a Public Swimming Pool

| Name of Facility: Physical Address: City/State/Zip: Contact Person: Contact Phone: | | | |
|--|------------------------------|---------------------------|-------------------------------|
| Type of Report: | □Death | □ Serious Injury | □ Bather Complaint of Illness |
| Name of Injured/Co Address: City/State/Zip: | omplainant: | | |
| Description of Injur | ry or Complaint [:] | *: | |
| | | | |
| | | | |
| | | | |
| Name(s) and Telep | hone Number(s |) of Person(s) Rendering | First Aid or Assistance: |
| | | | |
| Name of Hospital, | Rescue Squad, c | or Physician Providing Me | edical Treatment: |
| | | | |
| Name(s) and Phone | e Number(s) of | Witnesses to the Incident | t: |
| | | | |

* Attach additional sheets as needed to provide complete details of the incident or illness.

P.O. Box 7408, Asheville, NC 28802 (828) 250-5500

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In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health & Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

Submit completed report to the Buncombe County Health Department within 2 working days of any accident, injury or death attributed to a public swimming pool. Information may be called in to the office at (828)250-5016 or faxed to (828) 250-6161 or emailed to ehrequest@buncombecounty.org.

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