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

Date of Incident/Onset of Illness: _______________________________________________
Name of Injured/Complainant: _________________________________________________
Address: _________________________________________________________________
City/State/Zip: ______________________________________________________________
Phone Number: _____________________________________________________________

Description of Injury or Complaint*:__________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Name(s) and Telephone Number(s) of Person(s) Rendering First Aid or Assistance:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Name of Hospital, Rescue Squad, or Physician Providing Medical Treatment:
____________________________________________________________________________
____________________________________________________________________________
Name(s) and Phone Number(s) of Witnesses to the Incident:

______________________________________________________________________________
______________________________________________________________________________

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

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 ehsrequest@buncombecounty.org.