State of Maryland
Department of Health and Mental Hygiene
Division of Community Services
6 St. Paul Street. Suite 1301
Baltimore MD 21202-1608
Phone (410) 767-8417, Fax (410) 333-8926, Toll Free1-877-4MD-DHMH ext. 78417

PUBLIC POOL AND SPA INJURY AND ILLNESS REPORT FORM

Maryland Public Pools and Spas regulations (COMAR 10.17.01.51) require a public pool or spa owner to report to the Department of Health and Mental Hygiene (DHMH):

- Within 24 hours of the incident, an injury, drowning, near drowning, or suction entrapment occurring at a pool or spa that results in death or requires resuscitation or admission to a hospital,
- Within 24 hours of the owner's/operator's knowledge of the incident, a waterborne illness contracted at a pool or spa, and
- Every 3 months during operation or at the facility's seasonal closure, a water rescue by aquatic safety personnel.

If a reportable incident occurs, complete the form, attached all required documentation, and submit to the local health department as stipulated.

---

1. Facility Name_____

2. Facility Address _____ County _____

_____ Phone _____

3. Owner's Name _____

4. Owner's Address _____ Phone _____

5. Pool Management Company Name ☐ NA _____ Phone _____

6. Facility Type *(i.e. community pool, school, hotel, condominium, health club)*_____

7. Pool or Spa Use *(i.e. adult, general, residents or members only)*_____

---

1. Date of Injury or Illness _____/_____/_____ 2. Time _____a.m. / p.m. 3. Type of Injury or Illness, Specify below:

_____Active Drowning _____Passive Drowning _____Near-Drowning _____Water Rescue _____Suction Entrapment

_____Injury, Specify_____

_____Waterborne Illness, Specify_____ _____Other, Specify_____

4. Describe the Injury or Illness, attach addition page(s) if necessary_____

_____

_____

_____

5. Indicate Incident Location *√Check all that apply*	Outdoor Facility	Indoor Facility	Main Pool	Wading Pool	Therapy Pool	Spray Pool	Spa	Swim Spa	Water Recreation Feature, Specify

6. Was Victim Treated by _____The Facility's Staff _____Emergency Response Personnel _____ A Physician

7. Was Resuscitation Required ____No ____Yes-Performed by_____ ; AED Device Used ____No ____Yes

8. Was Victim Admitted to the Hospital _____No _____Yes-Hospital Name _____

9. Did Injury/Illness Result in Death _____No _____Yes-Date/Time of Death_____

10. Identify Each Emergency Response Unit (EMS, Police, or Fire) and Provide Report #_____

11. Was a Certified Pool Operator Present____No _____Yes-*Attach Pool Operator's Certification*

12. Was a Lifeguard Present ___No _____Yes-Indicate Number of Lifeguards Present _____ *-Identify the lifeguard and victim location on a pool diagram. Submit with report-diagram, facility supervision plan, house rules, pool emergency plan, and lifeguard(s) certification.*

13. Local and/or State Agencies Notified, *Name and Date* _____

_____

---

1. Owner/Operator's Signature_____ Date_____

2. Print Name/Title _____ Phone _____

3. EMail_____ Fax _____