

Swimming Pool Injury/Drowning Report Form

**INCLUDES SWIMMING POOLS, WADING POOLS, THERAPEUTIC POOLS,
PLUNGE POOLS AND SPA POOLS**

In accordance with *Minnesota Rule, 4717.0775*, all pool incidents resulting in death or serious injury that require assistance from emergency medical personnel must be reported to the commissioner by the owner or the owner's agent by the end of the next working day.

Facility Information

Facility name _____

Facility address _____

City _____ State _____ ZIP _____

County _____ Facility phone _____

Licensee name _____

Form Completed By

Name _____

Address _____

City _____ State _____ ZIP _____

Contact phone _____

Injured Person/Drowning Victim

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

If victim under 14 years, was adult present? Yes No

Gender Male Female **Age** _____ Swimmer Non-swimmer Unknown

Incident

Date and time of incident _____

Type of pool

Swimming Pool Plunge Pool Wading Pool Spa Pool Therapeutic Pool

Other _____

Year pool was constructed _____ Water depth of incident _____ Indoor pool outdoor pool

Was a lifeguard present? Yes No

Specific Information

Pool Injury Successful Rescue Drowning Other _____

How and where did incident occur? (Specify)

Area of the body injured (Check all that apply)

Head Arm/Hand/Finger Neck/Spine Torso Leg/Foot/Toe Other _____

Type of injury (Check all that apply)

Abrasion or Contusion Concussion Laceration Strain or Sprain Fracture Sudden Illness
 Other _____

Factors Contributing to the Incident

(Check all that apply)

Slippery surfaces Around pool Bottom of pool Other _____

Deck equipment Ladder/handrails Lifeguard equipment Other _____

Recirculation equipment Suction Electrical Other _____

Use of pool equipment Storage Handling Other _____

Pool enclosure Inadequate Gate – unlatched or unlocked Other _____

Diving/jumping/sliding From board From poolside From slide Other _____

Horseplay/Miscalculation: (Specify)

Other Involved food/drink Natural causes

Please specify:

Were others injured? Yes No

If yes, list name(s):

Mail or email completed form to

Minnesota Department of Health
Swimming Pool Engineering
P.O. Box 64975
St. Paul, Minnesota 55164-0975

651-201-4500 | health.swimmingpools@state.mn.us | www.health.state.mn.us

09/22/2023 | To obtain this information in a different format, call: 651-201-4500.