



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 Mecklenburg 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 (980) 314-1620 or faxed to (704) 336-5306.