Swimming Pools: Reportable Incidents
(IDAPA 16.02.14 Sections 202,203)

16.02.14.202 RECORD KEEPING. The following information shall be recorded each day the pool is open and shall be kept on the premises and available for review.
- .01 Disinfectant Levels,
- .02 pH Readings,
- .03 Clarity Readings,
- .04 Amount and type of chemical used
- .05 Accidents Requiring Professional Medical Treatment.

16.02.14.203 REPORTABLE ACCIDENTS. Accidents requiring professional medical treatment, including drownings or near drownings, shall be reported within 24 hours of occurrence to the Director’s designee.

Please use the attached Incident Reporting form or respond to relay information to Panhandle Health District in accordance with the IDAPA rules cited above. Thank you and safe swimming!

Submit report to: Panhandle Health District, Swimming Pool Coordinator
8500 N Atlas Rd, Hayden, ID 83835
Phone: 208-415-5200

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Aquatic Incident Report

Pool Name: ____________________________

Date of Report: ____________________________

Instructions: Record factual information. Do not judge or state opinions from witnesses or yourself.

Injured Person’s Name__________________________________________________________

Address__________________________________________________________

Phone # (home)_________________________ (work)_________________________ (other)_________________________

Gender: M / F  Age: __________

Class / Activity participating in:

<table>
<thead>
<tr>
<th>Date of Accident:</th>
<th>Time:</th>
<th>Location in Pool/ Area:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe incident including activities and equipment involved in the incident.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part of body injured and type of injury sustained

Type of First Aid Administered

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<table>
<thead>
<tr>
<th>Did Emergency Medical Services attend injured party?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was injured party transferred to hospital or other care facility?</td>
</tr>
</tbody>
</table>

**Lifeguard / Personell Location:** Please provide the name and location of supervisors, lifeguards and other personnel in the vicinity at the time of the accident:

**Witness Information**
Provide name, address, phone number and signature of each witness:

Injured Person’s Name:______________________________________________________________

Report filed by (print name and position):__________________________________________

Signature: ________________________________

Date Submitted ______________

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8500 N Atlas Rd, Hayden, ID 83835
Phone: 208-415-5200