



Panhandle Health District

Healthy People in Healthy Communities

Environmental Health

8500 N Atlas Road
Hayden, Idaho 83835
Phone: 208-415-5200
Fax: 208-415-5201
www.phd1.idaho.gov

Public Health
Prevent. Promote. Protect.
Panhandle Health District

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 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

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: _____

Date of Accident:	Time:	Location in Pool/ Area:
Describe incident including activities and equipment involved in the incident.		
Part of body injured and type of injury sustained		
Type of First Aid Administered		

Did Emergency Medical Services attend injured party?	
Was injured party transferred to hospital or other care facility?	

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 _____

**Submit report to: Panhandle Health District, Swimming Pool Coordinator
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