



Swimming Pool Incident Report

Compliance Assurance Division

* Please Type or Print Clearly

Section 1. Facility Information

Name :	Permit # :
Address :	County :
City, State, Zip :	Pool Type (circle one) : A B C D E F G
Phone :	

Section 2. Owner Information

Name :
Address :
City, State, Zip :
Phone Number :

Section 3. Incident Information

Type of Incident (circle one) : a) Drowning b) Immersion c) Cut/Abrasion d) Other _____	
Date of Incident :	Time:
Was 911, Ambulance, or Emergency Room Visit Required (circle one) : YES NO	
Age Range of Victim (circle one) : Child: 0-18 Adult: 18- 65 Senior Citizen: 65+	Sex : Male Female

Witnesses

Name :
Name :

Description of Incident and Action Taken:

Police Report Attached (circle one) : YES NO
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Owner Signature:	Date:
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Purpose: This form is to be used by public pool owners or operators in the event of a patron death, injury, or accident requiring an EMS response, an emergency room visit, or hospitalization.

This application must be submitted to the following address:

SC DHEC

2600 Bull St.

Columbia, SC 29201

or faxed to: (803) 898-4215, Attn: Recreational Waters

ITEM BY ITEM INSTRUCTIONS FOR COMPLETING THIS FORM

SECTION 1. FACILITY INFORMATION:

In the left column of section 1, enter the FACILITY's information including: name of facility, address, city, state, zip, and phone number.

In the right column of section 1, enter the FACILITY's information including: permit number, county, and circle the pool type (A, B, C, D, E, F, G).

SECTION 2. OWNER INFORMATION:

In section 2, enter the FACILITY OWNER's information including: name of facility owner, address, city, state, zip, and phone number.

SECTION 3. INCIDENT INFORMATION:

Circle type of incident (drowning, immersion, cut/abrasion, other). If other, please provide descriptive name.

In the left column enter the date of the incident. In the right column enter the time of the incident.

Circle (YES or NO) whether 911, ambulance or emergency room visit was required.

In the left column circle the age range of the victim. In the right column, circle the sex of the victim (male or female).

In the left column enter the names of witnesses to the incident.

Describe briefly the incident and any actions taken.

Circle (YES or NO) whether a police report is attached.

Owner sign and date the bottom of the form.

Office Mechanics and Filing: The form should be filed in the Recreational Waters File Room according to facility permit number.

DHEC 3785 (06/19)