



Kentucky Public Swimming and Bathing Facilities Drowning and Injury Report

Department for Public Health
Division of Public Protection and Safety
Environmental Management Branch
275 East Main Street HS1E-A
Frankfort, Kentucky 40621

INSTRUCTIONS:

All drownings, near drownings and serious injuries requiring hospitalization shall be reported immediately or by next business day to the local health department and the Department for Public Health.

1. Name of Public Swimming and Bathing Facility		2. Permit Number	
3. Facility Address (Street, City, Zip)		4. County	5. Phone
6. Name of person involved in drowning, near drowning or accident		7. Home Address (Street, City, Zip, Phone)	
8. Age	9. Sex	10. Date of accident	
11. Briefly describe the drowning, near drowning, or accident			
12. List first aid, treatment, or action taken		13. Name of Medical Facility, if person transported	
14. Are lifeguards required at the Public Swimming and Bathing Facility?		15. Were lifeguards on duty at time of incident? If so, how many?	
16. If fatality occurred, list cause of death		17. Local Coroner notified <input type="checkbox"/> No <input type="checkbox"/> Yes Autopsy performed <input type="checkbox"/> No <input type="checkbox"/> Yes	

Signature of person completing report

Title

Date

NOTE: This form shall be completed as required by 902 KAR 10:125 and 902 KAR 10:127. It shall be submitted immediately or by the next business day to the local health department and the Department for Public Health.