



## DROWNING / INJURY / ILLNESS / INCIDENT REPORT

Section 820.315 of the Illinois Swimming Facility Code requires all drownings, injuries, illnesses, or incidents requiring hospitalization to be reported to the Department within 24 hours. In addition, this form must be completed and returned to the office that serves your facility within seven days of the incident. A separate report shall be completed for each victim. In the event of a drowning, the Department's Springfield Office should be advised immediately at 217-782-5830. After work hours, drownings may be reported to the Illinois Emergency Management Agency at 1-800-782-7860. This form may also be used to advise the Department of accidents, illnesses, skin irritations or minor injuries associated with use of the facility.

### FACILITY INFORMATION

This facility is licensed as:  (Indoor or Outdoor) Swimming Pool  Spa  Bathing Beach  Water Slide

### TYPE OF FACILITY

Educational  Fitness/Health Club  Apartment/Condominium  State Owned  Hotel/Motel  Country Club

Other \_\_\_\_\_

Name of Facility \_\_\_\_\_ Facility ID# \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

### DESCRIPTION OF INCIDENT

ILLNESS  INJURY  FATALITY  ACCIDENT

Name of Victim \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Victim Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Description of incident, including date, time, and circumstances (Attach additional sheets, if necessary and police reports, if available)

### SUPERVISION AT TIME OF ACCIDENT

If lifeguards were provided, names of all guards on duty at time of incident and attach a copy of their current certificate.

Was the facility open for swimming at the time of the incident?  Yes  No

Name of medical facility that provided treatment or diagnosis \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

For additional information concerning this incident, the Department may contact

Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

This report was completed and submitted by

Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

The Illinois Department of Public Health is requesting disclosure of information necessary to accomplish the statutory purpose as outlined under Public Act 097-0957. Disclosure of this information is mandatory.

Submit this completed form to: Illinois Department of Public Health, 525 W. Jefferson St., Springfield, IL 62761  
Phone 217-782-5830 • Fax 217-785-0253