

**SWIMMING POOL AND WATER ATTRACTION  
DEATH, INJURY AND ILLNESS REPORT**

HFS 172.32 (2) The operator shall report incidents resulting in death, or serious injury or illness that requires assistance from emergency medical personnel, by the end of the next working day following the incident by telephone or fax to the department or agent.

Personally identifiable information on this form is collected to provide for the potential of further investigation. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

**Please use one form for each injured party.** The operator shall maintain a copy of this report for at least seven years.

**Report only those injuries or illnesses that require assistance from emergency medical personnel.**

**Mail or Fax report to:** Division of Public Health, Bureau of Environmental and Occupational Health,  
P. O. Box 2659, Madison, WI 53701-2659  
Telephone No. 608-266-2835, Fax No. 608-267-4853

**Please Print or Type All Information**

Establishment Name	Facility ID No.
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Establishment Street Address, City, State and Zip Code
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Legal Licensee
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Contact Person	Telephone No.
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Type of Pool or Water Attraction
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Name of injured party	Date of Birth	Age	Gender
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Address, City, State and Zip Code
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Was injured party: <input type="checkbox"/> Employee <input type="checkbox"/> Patron <input type="checkbox"/> Other	Telephone No.
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Contact Person for injured party	Telephone No. of Contact Person
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Type of Incident: <input type="checkbox"/> Death <input type="checkbox"/> Injury <input type="checkbox"/> Illness	Date and Time of Incident
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Description of Incident (Use back side of form for additional pages, if needed)
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List Name(s) of Lifeguard(s) on Duty
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Name of person completing form (Please print )	Position/Title
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<b>SIGNATURE</b> – Person Completing Form	Date Signed
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