

## Drowning and Injury Report

### Instructions

The owner of any water recreation facility licensed by the Arlington County Public Health Division shall, as required by [Arlington County Code Section 24.1-56](#), **immediately** notify the Environmental Health Program of all drownings, near drownings, injuries, water-related illness or deaths, which occur. During weekdays, call 703-228-7400; evenings and weekends, call 703-558-2222 and ask for the Public Health Duty Officer.

Owners shall also submit this form via mail, email, or fax within 7 days of an incident.

### Facility Information

**Facility Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** Arlington **State:** VA **Zip:** \_\_\_\_\_

### Incident Details

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ ( a.m.  p.m.)

**Name of ill or injured patron:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name of parent/legal guardian if a minor:** \_\_\_\_\_

**Police/EMS called?**  Yes  No **Police Case number (if applicable):** \_\_\_\_\_

#### *The following should be completed based on the time of the incident*

**Name of person in charge (PIC):** \_\_\_\_\_ **Age of PIC:** \_\_\_\_\_

**Certification of PIC:** \_\_\_\_\_

**Number of lifeguards on duty:** \_\_\_\_\_

**Location of lifeguard(s):** \_\_\_\_\_

**Recreational facility water clarity:** \_\_\_\_\_

**Number of bathers in pool:** \_\_\_\_\_ **Number of patrons in facility:** \_\_\_\_\_

**Exact location of incident:**

**Description of illness/injury:**

**Detailed description of accident:**

**Were there witnesses?**  Yes (please list)  No

Witness name

Witness phone

**Certification**

By signing below, I attest to the accuracy of the information provided regarding an illness, injury, near-drowning, or drowning at my water recreation facility according to Chapter 24.1, Water Recreation Facilities Ordinance, Arlington County Code.

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

***Information provided in this application may be subject to disclosure under the Freedom of Information Act (FOIA).***