**RULE 1 AQUATIC FACILITIES**
CENTRAL VALLEY HEALTH DISTRICT
Environmental Health Department
EH 109 (07/2026)

## APPENDIX D – INCIDENT REPORT FORM

An aquatic facility shall ensure that a record is made of all injuries and illness incidents at the aquatic facility which:

1. Requires resuscitation, CPR, oxygen, or AED use.
2. Requires transportation of the patron to a medical facility.
3. Is a patron illness or disease outbreak associated with water quality.
4. When a lifeguard enters the water and activates the aquatic facilities Emergency Response Plan.

Should a reportable incident occur, complete this form, attach any additional documentation, and submit it within 24 hours of the incident to Central Valley Health District's Environmental Health Department. Complete one form per person involved in or affected by an incident.

| FACILITY INFORMATION | | | |
|---|---|---|---|
| Facility Name: | | | Telephone Number: |
| Address: | City: | State: | Zip Code: |

| INFORMATION FOR ILL/INJURED/RESCUED PERSON | | | |
|---|---|---|---|
| Name: | | Designation of Person: ☐ Employee ☐ Other (specify): | |
| Address: | City: | State: | Zip Code: |

| DESCRIPTION OF INCIDENT | | |
|---|---|---|
| Incident Date: | Time: | Location (pool, spa, deck, etc.): |
| Describe how the incident occurred: | | |
| Describe actions taken and equipment used: | | |
| Result of Incident: ☐ No treatment necessary ☐ Emergency personnel contacted | | |

| DESCRIPTION OF INJURY |
|---|
| Submersion incident: (select all that apply)<br>☐ N/A ☐ Suffocation/Drowning ☐ Near Drowning ☐ Water Rescue ☐ Other: |
| Type of Injury: (select all that apply)<br>☐ Burn ☐ Cut/Puncture ☐ Fracture ☐ Spinal ☐ Concussion ☐ Sprain ☐ Other: |
| Area of Injury: (select all that apply)<br>☐ Respiratory System ☐ Trunk/Torso ☐ Leg/Hip/Knee ☐ Head/Neck ☐ Arm/Shoulder ☐ Back<br>☐ Face/Eyes ☐ Foot/Ankle ☐ Hand/Wrist ☐ Other: |

**AQUATICS – INCIDENT REPORT FORM (CONTINUED)**

| DESCRIPTION OF ILLNESS | |
|---|---|
| Date of Symptom Onset: | Date Visited Facility: |
| Symptoms: (select all that apply)<br>☐ Rash ☐ Respirtory symptoms ☐ Blood in stool ☐ Diarrhea (3+ stools per day) ☐ Vomiting ☐ Cramps<br>☐ Fever ☐ Strep throat ☐ Ear infection ☐ Other: | |

| RESPONDING STAFF INFORMATION | |
|---|---|
| Name: | Title: |
| Name: | Title: |
| Name: | Title: |
| Name: | Title: |

*Attached additional sheets if needed.

Form may be submitted using one of the following methods:

**Mail or Deliver to:** Central Valley Health District
Environmental Health Department
122 2nd St NW
Jamestown, ND 58401

**Email:** eh@centralvalleyhealth.org
**Fax:** 701-252-8137