



GRAYS HARBOR COUNTY
DEPARTMENT OF PUBLIC SERVICES
ENVIRONMENTAL HEALTH DIVISION

100 W Broadway Suite 31
Montesano, WA 98563
360-249-4413
360-249-3203 fax

Water Recreation Facility Injury Report Form

Reporting Requirement: The owner or operator *MUST* report any death, near drowning or serious injury to the Department within 48 hours (RCW 70.90 & WAC 246-260-121). A serious injury means someone has called for emergency aid (such as "911") and/or the person needs immediate medical treatment at a clinic or emergency room and/or is admitted to a hospital.

Need Help? If help is needed in completing this form, call the Grays Harbor County - Environmental Health Division at (360) 249-4413.

Reported By: _____ Phone: (____) _____ - _____

Name of Facility: _____ Phone: (____) _____ - _____

Address of Facility: _____ County: _____

Name of Injured Person: _____ Phone: (____) _____ - _____

Address of Injured Person: _____

Name of Doctor Seen: _____ Phone: (____) _____ - _____

1. Date of Injury ____/____/____ AM PM (Circle One)	2. Time of Day ____:____ AM PM (Circle One)	3. Race (Circle One) Asian/Pacific Black White Hispanic Native American Other
4. Day of Week of Injury _____	5. Age of Person _____ Years	6. Sex (Circle One) Female Male
7. Where did Injury Occur? (Circle One) • In Pool or Spa • Deck/Walkway • Locker Room • Diving Board or Slide • Other (Specify): _____	8. When Injury is other than Drowning or Near Drowning (Circle One) • Head • Neck • Back or Trunk • Arm/Leg, Finger/Toe • Other (Specify): _____	9. If Injury included Submersion, was it: (Circle One) • Drowning (Fatal) • Near Drowning (Resuscitated/Non Fatal) • Other (Specify): _____
10. Taken to Doctor? (Circle One) YES NO		12. Result of Injury? (Circle One) • Died • Hospitalized • Treated & Released
11. Taken to the Doctor by: (Circle One) • Emergency Service (Fire, Ambulance, Police, Etc) • Family, Friends or Others		
13. Injury Description: (Provide a Short Statement Describing the Injury): _____ _____ _____		

Thank you for your report and information. Please mail this form to Eric Khambatta at the address at the top of this form. It will be evaluated by our staff and you will be contacted if further information is necessary.

(Office use only)

Received By: _____ Phone: _____ Date: _____

Mailed To: _____ District Office: _____ Mailed to State DOH: _____