



INJURY/INCIDENT REPORT

State Form 46347 (R/9-01)

**INDIANA STATE DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH
2 North Meridian Street
Indianapolis, In 46204-3006
317/233-7175 Fax 317/233-7047**

Rule 410 IAC 6-2 requires that serious injuries (requiring attention by a medical doctor) and drownings be reported to the Environmental Health section and the local health department within ten days of the injury or incident/drowning.

FACILITY INFORMATION

Name of Facility _____ ID# _____

Address _____ Phone No. _____

_____ County _____

Operator on Duty _____ CPO* Yes No

*Certified Pool Operator

PERSONAL INFORMATION

Date of Injury/Accident _____

Name of Person Affected _____

Address _____

City _____ State _____ Zip _____

Did Death Occur? _____ Cause of Death _____

Type of Injury _____

Attending Physician _____ Phone # _____

Treatment at the Pool _____

Treatment at a Medical Facility _____

Comments _____

Date: _____ Signature: _____