



Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Food and Recreational Safety

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DEATH, NEAR-DROWNING, OR DROWNING INCIDENT INFORMATION

Wis. Admin. Code § ATCP 76.32(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 phone or fax to the department or agent. Failure to report incidents may result in enforcement action under Wis. Stat. ch. 97 or Wis. Admin. Code ch. ATCP 76. Personally identifiable information you provide may be used for purposes other than that for which it was collected. (Wis. Stat. §15.04 (1)(m)).

FACILITY INFORMATION				
TYPE OF INCIDENT: <input type="checkbox"/> NEAR DROWNING <input type="checkbox"/> DROWNING <input type="checkbox"/> DEATH (Please provide all of the relevant information available)				
FACILITY NAME		LICENSEE NAME		LICENSE NUMBER
FACILITY STREET ADDRESS		CITY	STATE	ZIP COUNTY
TYPE OF POOL		SURFACE AREA	VOLUME OF POOL BASIN	
DATE OF CONSTRUCTION		STAFFING PLAN REVIEW CONDUCTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
DEPTH AT DEEPEST POINT OF BASIN		DEPTH OF WATER AT POINT OF INCIDENT		
WATER QUALITY PARAMETERS: DAY OF INCIDENT				
Free Available Chlorine Or Bromine:		Cyanuric Acid:		
Combined Chlorine:		Water Temperature °F:		
pH:		Any potential problems with clarity?		
Alkalinity:				
WATER QUALITY PARAMETERS AT INVESTIGATION				
Free Available Chlorine Or Bromine:		Cyanuric Acid (If Applicable):		
Combined Chlorine:		Water Temperature °F:		
pH:		Main drain visible from deck?		
Alkalinity:				
LIGHTING (windows, basin, overhead):				
AREAS OF EXCESSIVE GLARE:		BATHER LOAD AT THE TIME OF THE INCIDENT:		
PICTURES TAKEN: <input type="checkbox"/> FACILITY <input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> OTHER			VIDEO SURVEILLANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
FACILITY SUPERVISION INFORMATION				
LIFEGAURD STAFFING PLAN REQUIRED		LIFEGAURD STAFFING PLAN PRESENT		
CREDENTIALS OF LIFEGAURDS ON DUTY VERIFIED		SIGNAGE PRESENT AND ACCURATE		
MONTHLY LOGS COMPLETE		DEATH, INJURY, ILLNESS REPORT SUBMITTED		
VICTIM INFORMATION				
DATE OF INCIDENT	TIME OF INCIDENT	<input type="checkbox"/> AM <input type="checkbox"/> PM	VICTIM NAME	

AGE (estimate in necessary)	IF THE VICTIM IS A MINOR, WAS A "SUPERVISOR" PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR AGE (estimate if necessary)		
VICTIM GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HEIGHT	RACE OR ETHNIC CATEGORY		
RESIDENCE STREET ADDRESS	CITY	STATE	ZIP	
COUNTY	PRE-EXISTING ILLNESS(ES)			
STRENGTH OF SWIMMER (if known) <input type="checkbox"/> STRONG <input type="checkbox"/> WEAK <input type="checkbox"/> NON-SWIMMER <input type="checkbox"/> UNKNOWN				
BRUISES, BUMPS, OR ABRASIONS INDICATING IMPACT				
TYPE OF RESCUE EQUIPMENT USED				
DESCRIPTION OF INCIDENT				
CONTRIBUTING FACTORS <i>(check all that may apply, for the person who experienced the death, drowning, or near drowning incident that is being investigated for this report):</i>				
<input type="checkbox"/> Breath holding activity was occurring				
<input type="checkbox"/> Horseplay led to submersion or incapacitation				
<input type="checkbox"/> Seizure in the water preceded the incident				
<input type="checkbox"/> Alcohol abuse preceded the incident				
<input type="checkbox"/> Entered properly locked and gate/door enclosure				
<input type="checkbox"/> Was victim of homicide or assault				
<input type="checkbox"/> Was victim of suicide				
<input type="checkbox"/> Was victim of unknown accident				
<input type="checkbox"/> If minor victim, adult supervising was present, but unaware victim was in need of help or was distracted.				
<input type="checkbox"/> If minor victim, did not have an adult supervisor				
<input type="checkbox"/> A medical event other than a seizure preceded the incident				
<input type="checkbox"/> A required lifeguard or attendant was not present where the incident occurred.				
<input type="checkbox"/> Entry to the enclosure was not secured by lifeguard or self-latching/closing/locking gate or door				
<input type="checkbox"/> Not seen due to cloudy water				
<input type="checkbox"/> Not seen, glare				
<input type="checkbox"/> Not seen, patron load too high				
<input type="checkbox"/> Other, please list or describe				

EMERGENCY RESPONSE

INCIDENT WITNESS	WAS A POLICE OR EMS REPORT USED TO HELP COMPLETE THIS FORM? <input type="checkbox"/> YES <input type="checkbox"/> NO
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AMOUNT OF TIME SUBMERGED	RESUSCITATION ATTEMPTED BEFORE EMS ARRIVED? If yes, who gave CPR?
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Was person who administered CPR an on-duty lifeguard for the facility? YES NO

TIME EMS CALLED <input type="checkbox"/> AM <input type="checkbox"/> PM	WHO CALLED EMS?	TYPE OF PHONE USED TO CALL EMS
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WAS THE VICTIM TRANSPORTED TO THE HOSPITAL (EITHER BY EMS OR OTHER)? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE POOL AREA TELEPHONE OPERATIONAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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INCIDENT PHYSICAL LOCATION**INCIDENT SITE DIAGRAM WITH DIMENSIONS INCLUDING:**

<input type="checkbox"/> Location of Lifeguards and Attendants	<input type="checkbox"/> Entrances / Exits	<input type="checkbox"/> Location where First Aid was Administered
<input type="checkbox"/> Emergency Phone(s)	<input type="checkbox"/> Victim "Path of Travel"	<input type="checkbox"/> Other Relevant Information:
<input type="checkbox"/> Safety Equipment	<input type="checkbox"/> Location where Victim was Found	

COMMENTS:

INVESTIGATION INFORMATION

PRIMARY INVESTIGATOR	DEPARTMENT / TITLE
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ACCOMPANYING SANITARIAN / INSPECTOR NAME	DEPARTMENT	INSPECTION REPORT WRITTEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
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FACILITY CONTACTS PRESENT	TITLE
1.	1.
2.	2.
3.	3.

SUMMARY

RECREATIONAL TECHNICAL SPECIALIST	DEPARTMENT / TITLE
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DATCP OR AGENT HAS COMPLETED INSPECTION? YES NO

INVESTIGATION FORM HAS ALL INFORMATION NECESSARY TO DETERMINE CIRCUMSTANCES AND FACTORS THAT LED TO DROWNING? YES NO

COMMENTS