

Arlington County Water Recreation Facility Drowning and Injury Report

The owner of any Water Recreation Facility licensed by the Arlington County Public Health Division (ACPHD) shall, as required by Arlington County Code Section 24.1-56, *immediately notify ACPHD 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.

Submit this completed form to ACPHD at 2110 Washington Blvd, Suite 350, Arlington, VA 22204 within seven (7) days of an incident.

Water Facility Information
Facility Name:
Facility Address:
Facility Phone Number:

Incident Details	
Date of Incident:	Time of Incident: AM/PM
Name of ill or injured patron:	Age of patron:
Name of parent/legal guardian if a minor:	
Police/EMS called? YES NO	Police Case number (if applicable):
<i>The following section refers to At the Time of the Incident</i>	
Name of person in charge:	Age of person in charge:
Certification of person in charge:	
Number of Lifeguards on Duty: _____	Location of Lifeguard(s):

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Pool or Spa 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 NO	
If yes, please list the name and phone number for each witness below.	
Witness Name:	Phone Number:

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

Printed Name: _____ Date: _____

Signature: _____