

Drowning and Injury Report

Instructions

The owner of any water recreation facility licensed by the Arlington County Public Health Division must **immediately** notify the Environmental Health Program of any drownings, near drownings, serious injuries, water-related illnesses, or deaths, as required by [Arlington County Code Section 24.1-56](#).

- During weekdays, call 703-228-7444, option 4
- During evenings and weekends, call 703-558-2222 and ask for the Public Health Duty Officer.

Owners must also submit the form via mail, email, or fax within 7 days of an incident.

Information provided in this application may be subject to disclosure under the Freedom of Information Act (FOIA).

Facility Information

Facility Name: _____

Phone Number: _____ Email: _____

Street Address: _____ City: Arlington State: VA Zip: _____

Incident Details

Date: _____ Time: _____ (☐ a.m. ☐ p.m.)

Name of ill or injured patron: _____ Age: _____

Name of parent/legal guardian if a minor: _____

Police/EMS called? ☐ Yes ☐ No Police Case number (if applicable): _____

The following should be completed based on the time of the incident

Name of person in charge (PIC): _____ Age of PIC: _____

Certification of PIC: _____

Number of lifeguards on duty: _____

Location of lifeguard(s): _____

Recreational facility 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 (please list) ☐ No

Witness name

Witness phone

Certification

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

Printed Name: _____ **Date:** _____

Signature: _____