



Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Food and Recreational Safety

PO Box 8911, Madison, WI 53708-8911

Phone: (608) 224-4720 Fax: (608) 224-4710 Email: datcpdfsrec@wisconsin.gov

## SWIMMING POOL AND WATER ATTRACTION DEATH, INJURY, AND ILLNESS REPORT

*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)).*

Please use one form for each injured party. The operator shall maintain a copy of this report for at least seven years.

Report only those injuries or illnesses that require assistance from emergency medical personnel.

**PLEASE PRINT ALL INFORMATION. MAIL OR FAX REPORT TO THE ADDRESS LISTED AT THE TOP OF THE FORM.**

ESTABLISHMENT NAME			LICENSE / ID NO.	
ESTABLISHMENT STREET ADDRESS		CITY	STATE	ZIP
LEGAL LICENSEE NAME <i>(Name of sole proprietor, partnership, LLC, LLP, or Inc.)</i>		CONTACT PERSON		PHONE ( ) -
NAME / TYPE OF POOL OR WATER ATTRACTION				

### INJURED PARTY INFORMATION

NAME OF INJURED PARTY		DATE OF BIRTH	AGE	GENDER	
INJURED PARTY ADDRESS		CITY		STATE	ZIP
INJURED PARTY WAS <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> PATRON <input type="checkbox"/> OTHER				PHONE ( ) -	
CONTACT PERSON FOR INJURED PARTY				CONTACT PHONE ( ) -	
INJURED PARTY WAS <input type="checkbox"/> DEATH <input type="checkbox"/> INJURY <input type="checkbox"/> ILLNESS			DATE AND TIME OF INCIDENT		

### INCIDENT INFORMATION

DETAILED DESCRIPTION OF INCIDENT *(use back side of form for additional pages, if needed)*

LIST NAME(S) OF LIFEGUARD(S) ON DUTY
