

Oklahoma State Department of Health **Consumer Health Services** PO Box 268815 OKC, OK 73126-8815

Telephone: 405.426.4250 Fax: 405.900.7557

Website: Oklahoma.gov/health/CHS

PUBLIC BATHING PLACE - INCIDENT REPORT FORM  Please check the type of incident (mark all that apply):
In the event of a <b>DROWNING or HOSPITALIZATION</b> , call your local county health department or Consumer Health <b>IMMEDIATELY</b> after the incident is handled with local medical authorities.  Outside of business hours M-F / 8-5, leave a message with local health (if available) or Consumer Health (405-271-5243).
INJURY INCIDENT
Injury Type:   Drowning Resulting in Death  Recovered Drowning Hospitalization  Other:
Name of Person Injured: Age:
Was the Injured Person a:
Parent/Guardian Name:
Contact Number:
Address:
******************************
Actions Taken (mark all that apply):  Contacted 911 or other ER #: Who Called: Time of Call:
CPR Performed; Who Performed: Time Started:
☐ Time of Emergency Medical Services Arrival: or ☐ Patient Refused Assistance
<b>Attach</b> a Brief Summary of Incident (person(s) on duty/location/other witnesses and contact information; type of injury/reasons injury may have resulted).
CONTAMINATION INCIDENT
CONTAMINATION INCIDENT  Contamination Type (mark all that apply): Fecal-Solid Fecal-Watery Vomit Blood Other:
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