



Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Food and Recreational Safety

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# 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 (Name of sole proprietor, partnership, LLC, LLP, or Inc.)		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
