



**Compliance Assurance Division
Swimming Pool Incident Report**

Please Print or Type Clearly.

I. FACILITY INFORMATION					
Name:			Permit #:		
Address:					
City:		State:		Zip Code:	
County:			Phone #:		
Pool Type: <i>(Select one)</i> A B C D E F G					
II. OWNER INFORMATION					
Name:					
Address:					
City:		State:		Zip Code:	
Phone #:					
III. INCIDENT INFORMATION					
Type of Incident: <i>(Select one)</i> A. Drowning B. Immersion C. Cut/Abrasion D. Other:					
Date of Incident:			Time of Incident:		
Was 911, Ambulance, or an Emergency Room Visit Required: <i>(Select one)</i> YES NO					
Age Range of Victim: <i>(Select one)</i>		Child: 0-18	Adult: 18-65	Senior Citizen: 65+	Gender: M F
WITNESSES					
Name:					
Name:					
DESCRIPTION OF INCIDENT AND ACTION TAKEN:					
Police Report Attached: <i>(Select one)</i> YES NO					
Owner's Signature:			Date:		



Instructions for Completing DES 3785

Swimming Pool Incident Report

Purpose:

This form is to be used by public pool owners or operators in the event of a patron death, injury, or accident requiring an EMS response, an emergency room visit, or hospitalization.

This application must be submitted to the following address:

ATTN: Recreational Waters

SCDES

2600 Bull St.

Columbia, SC 29201

Or faxed to: (803) 898-4215, Attn: Recreational Waters

ITEM BY ITEM INSTRUCTIONS FOR COMPLETING THIS FORM:

I. FACILITY INFORMATION

- In the left column of section 1, enter the FACILITY's information including: name of facility, address, city, state, zip, and phone number.
- In the right column of section 1, enter the FACILITY's information including: permit number, county, and check the pool type (A, B, C, D, E, F, G).

II. OWNER INFORMATION

- In section 2, enter the FACILITY OWNER's information including: name of facility owner, address, city, state, zip, and phone number.

III. INCIDENT INFORMATION

- Circle type of incident (drowning, immersion, cut/abrasion, other). If other, please provide descriptive name.
- In the left column enter the date of the incident. In the right column enter the time of the incident. Check (YES or NO) whether 911, ambulance or emergency room visit was required.
- In the left column check the age range of the victim. In the right column, check the sex of the victim (male or female).
- In the left column enter the names of witnesses to the incident. Describe briefly the incident and any actions taken.
- Check (YES or NO) whether a police report is attached. Owner sign and date the bottom of the form.

Office Mechanics and Filing:

The form should be filed in the Recreational Waters File Room according to facility permit number.