



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Food and Recreational Safety, PO Box 8911, Madison, WI 53708-8911
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SWIMMING POOL AND WATER ATTRACTION DEATH, INJURY AND ILLNESS REPORT

Wis. Admin. Code ch. ATCP 76

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 telephone or fax to the department or agent.

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 ADDRESS STREET	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: () -	
TYPE OF INCIDENT: <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			
SIGNATURE REQUIRED			
NAME OF PERSON COMPLETING FORM (please print)		POSITION / TITLE	
SIGNATURE – PERSON COMPLETING FORM		DATE SIGNED	

Personal information you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04(1)(m)

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