



DHHS DIVISION OF PUBLIC HEALTH
Drinking Water and Environmental Health-3rd Floor
PO Box 95026, Lincoln, NE 68509-5026
Phone: 402/471-0903 - FAX: 402/471-6436
24-Hour Emergency Contact # 402/499-6922

TITLE 178 NAC 2 ATTACHMENT 5
SWIMMING POOL ACCIDENT REPORT

The pool owner or the Nebraska swimming pool operator must immediately notify the Department at 402/499-6922 of any drowning or near drowning. This report must then be completed and returned to the Department.

Any accident occurring on the pool premises requiring hospitalization or medical treatment must be reported within 24 hours by completing and faxing this form to the Department.

Please Print Clearly

Form with fields: Date of Accident, Time of Accident, Name of Victim(s), Name of Pool/Spa, Permit Number, Pool Address, Street/PO/Route, City, State, Zip, Area of Pool Where Accident Occurred.

Table with 2 columns: Nebraska Swimming Pool Operator(s) on Duty, Certificate of Competency Number.

Table with 2 columns: Lifeguards on Duty (if applicable).

Description of Accident (use additional pages if necessary):

Report Made By (Print Name):

Signature

Date