

Mark Harris, County Executive
Doug Gieryn, Health Officer/Director

Office Hours: M-F 8:00am-4:00pm
Toll-Free: 800-250-3110
Fax: 920-232-3370

health@co.winnebago.wi.us
www.co.winnebago.wi.us/health
www.rethinkwinnebago.org



□ 112 Otter Avenue
PO Box 2808
Oshkosh, WI 54903-2808
Phone: 920-232-3000

□ 211 Walnut Street
Neenah, WI 54956
Phone: 920-727-2894

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SWIMMING POOL AND WATER ATTRACTION DEATH, INJURY AND ILLNESS REPORT

DHS 172.32 (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.

Personally identifiable information on this form is collected to provide for the potential of further investigation. Personal information you provide may be used for secondary purposes [Privacy Law, s. 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.

Mail or Fax report to: **Winnebago Co Health Department**
112 Otter Avenue PO Box 2808
Oshkosh WI 54903-2808

Phone 920-232-3000
Fax 920-232-3370

Please Print or Type All Information

Establishment Name		Facility ID No.		
Establishment Street Address, City, State and Zip Code				
Legal Licensee				
Contact Person		Telephone No.		
Type of Pool or Water Attraction				
Name of injured party		Date of Birth	Age	Gender
Address, City, State and Zip Code				
Was injured party: <input type="checkbox"/> Employee <input type="checkbox"/> Patron <input type="checkbox"/> Other		Telephone No.		
Contact Person for injured party		Telephone No. of Contact Person		
Type of Incident: <input type="checkbox"/> Death <input type="checkbox"/> Injury <input type="checkbox"/> Illness		Date and Time of Incident		
Description of Incident and Symptoms of Injured Party (Use back side of form for additional pages, if needed)				
List Name(s) of Lifeguard(s) on Duty				

Name of person completing form (Please print)

Position/Title

SIGNATURE – Person Completing Form

Date Signed