

DEPT. OF ENVIRONMENT AND ENERGY

PO Box 98922, Lincoln, NE 68509-8922 Phone: 402-471-0903 - FAX: 402-471-2909 Email: ndee.ecmupload@nebraska.gov 24-Hour Emergency Contact #402-525-6601

SWIMMING POOL ACCIDENT REPORT

The pool owner or the Nebraska swimming operator must immediately notify the Department at 402-525-6601 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 submitting this form to the Department.

Plassa Print I agibly

| Date of Accident: | Time of Accident: | | | | |
|--|-------------------|----------------|----------------|---|-------------------------------------|
| Name of Victim(s): | | | | | |
| Name of Pool/Spa: | | | Permit Number: | | |
| Pool Address: | Street: | | | | |
| | City: | State: NE Zip: | | С | ounty: |
| Area of Pool Where Accident Occurred: | | | | | |
| Nebraska Swimming Pool Operator(s) on Duty | | | | | Certificate of Competency Number |
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| Lifeguards on Duty (if applicable) | | | | | |
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| Description of Accident (use additional pages if necessary): | | | | | |
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Report Made By (Print/Type Name): _____

Signature: _____