



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

Water Recreation Facility Incident Report

Chapter 69.1 of the Fairfax County Code, the *Water Recreation Facilities Ordinance*, requires owners of public water recreation facilities to notify the Health Department within seven (7) days of the occurrence of a drowning, near drowning, injury (other than minor abrasions or superficial cuts), and water-related illness or death. This form can be used by the owner, or a legally authorized representative, to submit the incident report to the Health Department.

Date and Time of Incident: <input style="width: 200px;" type="text"/>		<input type="checkbox"/> Required Notification	<input type="checkbox"/> Request for Guidance ONLY
WATER RECREATION FACILITY & VESSEL INFORMATION			Permit #: <input style="width: 150px;" type="text"/>
Vessel Type: <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Wading Pool <input type="checkbox"/> Spa <input type="checkbox"/> Water Park <input type="checkbox"/> Interactive Water Feature			
Facility Name: _____		Owner Name: _____	
Facility Address: _____		City, State, Zip: _____	
Email: _____	Telephone: _____	Mobile: _____	
Please provide the following as the relevant facts and information related to the incident and at the time of the incident:			
Pool Operator name and certificate provider: _____			
Persons involved in the incident: <i>(Please include name, age, and certifications)</i>			
Number of lifeguards on duty: <input style="width: 50px;" type="text"/>	Number of patrons: <input style="width: 50px;" type="text"/>	Number of bathers in the vessel: <input style="width: 50px;" type="text"/>	
Exact location of the lifeguards on duty: _____			
Water quality records: <i>Please provide a copy of the water quality records for the date/time of the incident.</i>			
Names of witnesses: _____			
Description of the injury, if applicable: _____			
Exact location of the incident: _____			
Case number(s) - Police, Fire, etc.: _____			
Detailed description of the incident: <i>Please enter this information on page 2 of the Water Recreation Facility Incident Report.</i>			

This Water Recreation Facility Incident Report has been submitted by:

Owner/Legally Authorized Representative (Print)	Owner/Legally Authorized Representative (Sign)	Date
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Failure to comply with the Fairfax County Water Recreation Facilities Ordinance may result in suspension of your operation.

Fairfax County Health Department • Division of Environmental Health

703-246-2201 TTY 711

hdehd@fairfaxcounty.gov

10777 Main Street, Fairfax VA 22030

Water Recreation Facility Incident Report

Please provide a detailed description of the incident:

This Water Recreation Facility Incident Report has been submitted by:


Owner/Legally Authorized Representative (Print)

Owner/Legally Authorized Representative (Sign)

Date

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