NEBRASKA
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

SWIMMING POOL/SPA ACCIDENT/ILLNESS REPORT ATTACHMENT 3

The pool owner or the certified operator must immediately notify the Department of any drowning or near drowning. Any accident occurring on the pool premises requiring hospitalization or medical treatment must be reported within 24 hours.

Please Print Clearly

Date of Accident/Illness:		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:			

Certified Pool Operator(s) on Duty	Certificate Number

Lifeguards on Duty (if applicable)	

Description of Accident/Illness (use additional pages if necessary):

Report Made By (Print Name): _____

_____ _____

Signature Date