



INDIANA STATE DEPARTMENT OF HEALTH
INJURY /INCIDENT REPORT
State form 46347 (R/8-04)

Instructions: 1. Mail form to:

State Department of Health
2 North Meridian Street, 5E
Indianapolis IN 46204-3006

Direct questions to: 317/233-7811 Fax 317/233-7047

Rule 410 IAC 6-2.1 requires that serious injuries (requiring attention by a medical doctor) and drownings be reported to the Environmental Health section and the local health department within ten days of the injury or incident/drowning.

FACILITY INFORMATION

Name of Facility _____ ID# _____
Address _____ Phone No. _____
County _____
Operator on Duty _____ CPO* ____ Yes ____ No
*Certified Pool Operator

PERSONAL INFORMATION

Date of Injury/Accident _____
Name of Person Affected _____
Address _____
City _____ State _____ Zip _____
Did Death Occur? _____ Cause of Death _____
Type of Injury _____
Attending Physician _____ Phone # _____
Treatment at the Pool _____
Treatment at a Medical Facility _____
Comments _____

Date: _____ Signature: _____