



**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: _____