



DHHS DIVISION OF PUBLIC HEALTH  
 Drinking Water and Environmental Health-3<sup>rd</sup> Floor  
 PO Box 95026, Lincoln, NE 68509-5026  
 Phone: 402/471-0903 – FAX: 402/471-6436  
**24-Hour Emergency Contact # 402/499-6922**

**TITLE 178 NAC 2 ATTACHMENT 5  
 SWIMMING POOL ACCIDENT REPORT**

**The pool owner or the Nebraska swimming pool operator must immediately notify the Department at 402/499-6922 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 faxing this form to the Department.**

*Please Print Clearly*

Date of Accident:		Time of Accident: _____ AM / PM (circle one)		
Name of Victim(s):				
Name of Pool/Spa:			Permit Number:	
Pool Address:	Street/PO/Route:			
	City:	State:	Zip:	
Area of Pool Where Accident Occurred:				
Nebraska Swimming Pool Operator(s) on Duty			Certificate of Competency Number	
Lifeguards on Duty (if applicable)				
Description of Accident (use additional pages if necessary):				

Report Made By (Print Name): \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date