## **Drowning Incident Response Form**

Contra Costa County Environmental Health Division 2120 Diamond Blvd. Ste. 200, Concord, CA. 94520 (925) 692-2500 Fax (925) 692-2502 http://cchealth.org/eh/recreational-health/

In the event of a drowning fatality, fax or send this document to Contra Costa Environmental Health within 24 hours.

## KEEP FORMS & RECORDS FOR AT LEAST 2 YEARS

Need Assistance? If help is needed in completing this form, call Contra Costa Environmental Health Division at (925) 692-2500 and ask for your district health inspector.

Site Name:		Program Record No. (Environmental Health Office Use):				
Street Address, City, S	tate and Zip Code					
Owner:						
Pool Operator:			Telephone No.			
Classification (circle or	ne): (a) Swimming po	ol (h) Sna (c) M	  ading (e) (	)thar:		
Classification (circle of	iej. (a) Swiiiiiiiig po	or (b) spa (c) w	raumig (e) C	, tilei	<del></del>	
Type of Submersion Injury:			Name of Individual:			
Drowning (fatal)						
Date:	Time of Incident:	Age:	Sex:	MaleFema	e Ethnicity:	
For individuals under the age of 18, provide the name and contact information of the Telephone No:						
parent or adult guardian:						
Description of the In	cident:					