



State of Maryland
Department of Health and Mental Hygiene
Division of Community Services
6 St. Paul Street, Suite 1301
Baltimore MD 21202-1608

Phone (410) 787-8417, Fax (410) 333-8926, Toll Free 1-877-4MD-DHMH ext. 78417

PUBLIC POOL AND SPA INJURY AND ILLNESS REPORT FORM

Maryland Public Pools and Spas regulations (COMAR 10.17.01.51) require a public pool or spa owner to report to the Department of Health and Mental Hygiene (DHMH):

- Within 24 hours of the incident, an injury, drowning, near drowning, or suction entrapment occurring at a pool or spa that results in death or requires resuscitation or admission to a hospital,
• Within 24 hours of the owner's/operator's knowledge of the incident, a waterborne illness contracted at a pool or spa, and
• Every 3 months during operation or at the facility's seasonal closure, a water rescue by aquatics safety personnel.
If a reportable incident occurs, complete the form, attached all required documentation, and submit to the local health department as stipulated.

1. Facility Name MEADOWBROOK AQUATIC & FITNESS CENTER.
2. Facility Address 5700 COTTONWORTH AVENUE County BALTIMORE CITY
BALTIMORE MARYLAND : 21209 Phone 410 433-8300
3. Owner's Name AQUATIC VENTURES LLC (LEASED BY)
4. Owner's Address 5700 COTTONWORTH AVENUE Phone 410 433-8300
5. Pool Management Company Name XNA Phone
6. Facility Type (i.e. community pool, school, hotel, condominium, health club) HEALTH CLUB
7. Pool or Spa Use (i.e. adult, general, residents or members only) MEMBERS ONLY.

1. Date of Injury or Illness 10/28/2012 2. Time 10 (a.m.) P.M. 3. Type of Injury or Illness, Specify below:
Active Drowning Passive Drowning Near-Drowning Water Rescue Suction Entrapment
Injury, Specify
Waterborne Illness, Specify X Other, Specify SEE BELOW.

4. Describe the Injury or Illness, attach addition page(s) if necessary. SWIMMER WHO HAD BEEN ATTENDING SWIM PRACTICE APPARENTLY REMAINED IN THE POOL AREA AS PRACTICE WAS ENDING. WHAT HAPPENED NEXT IS UNKNOWN AT THIS TIME. STAFF WAS ALERTED AS SHORT TIME LATER THAT SWIMMER WAS AT THE BOTTOM OF THE POOL. SWIMMER WAS PULLED FROM THE POOL.

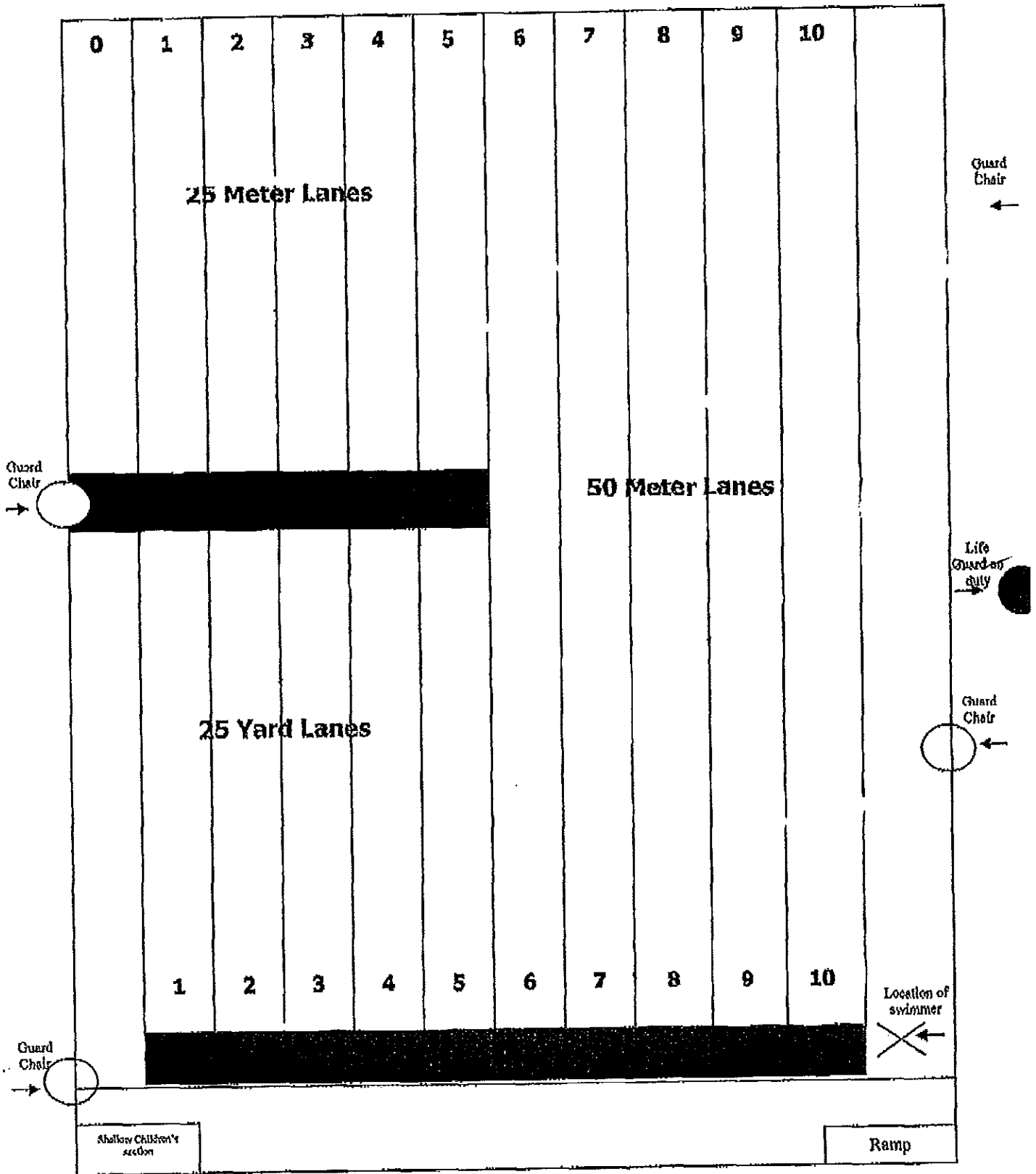
Table with 10 columns: Outdoor Facility, Indoor Facility, Main Pool, Wading Pool, Therapy Pool, Spray Pool, Spa, Swim Spa, Water Recreation Feature, Specify. Row 1: Check all that apply, [X], [], [], [], [], [], [], [], []

6. [Redacted]
7. [Redacted]
8. [Redacted]
9. [Redacted]
10. [Redacted]

11. Was a Certified Pool Operator Present No [X] Yes-Attach Pool Operator's Certification
12. Was a Lifeguard Present No [X] Yes-Indicate Number of Lifeguards Present 3 -Identify the lifeguard and victim location on a pool diagram. Submit with report-diagram, facility supervision plan, house rules, pool emergency plan, and lifeguard(s) certification.
13. Local and/or State Agencies Notified, Name and Date 911

1. Owner/Operator's Signature [Signature] Date 10-29-2012.
2. Print Name/Title JOHN CADIGAN GEN'L MANAGER Phone 410 433-8300
3. EMail jcadigan@hotmail.com Fax 410 433-0953

Deep End



Shallow End