



LINCOLN COUNTY HEALTH DEPARTMENT

607 N. Sales Street, Suite 101, Merrill WI 54452
715-536-0307
Fax 715-536-2011

<http://lincolncountyhealthdepartment.com>



SWIMMING POOL AND WATER ATTRACTION FECAL INCIDENT RESPONSE REPORT

ATCP 76.31 Fecal accident response. (1) In responding to a fecal accident, the operator shall consider guidelines for fecal accidents in pools used for swimming published by the federal centers for disease control and prevention.

Note: Centers for Disease Control guidelines for responding to fecal accidents and blood and vomit spills may be viewed at:

http://www.cdc.gov/healthyswimming/pdf/Fecal_Incident_Response_Recommendations_for_Pool_Staff.pdf

(2) The operator shall document each fecal contamination as follows:

- (a) The date and time of the event and the free available chlorine and pH level at the time of the event and after the event, before re-opening the pool to the public.
- (b) Whether the stool is formed or loose.
- (c) The procedures followed in responding to the fecal contamination.
- (d) The number of patrons in the pool and the length of time between the occurrence, detection, and resolution of the incident.

Please use one form for each incident. The operator shall maintain a copy of this report for at least two years and make it available upon request.

Establishment Name		Facility ID No.	
Establishment Street Address, City, State and Zip Code			
Legal Licensee			
Contact Person		Telephone No.	
Type of Pool or Water Attraction			
Type of Fecal Contamination		<input type="checkbox"/> Formed Stool or Vomit (CT must equal 45* before re-opening) <input type="checkbox"/> Diarrhea (CT must equal 15,300* before re-opening)	
Date and Time of the Event and Detection:		Number of Patrons Present:	
Response Procedures		Sanitizer Concentration (C) and Inactivation Time (T) Used:	
Date & Time of Closure: _____		Cl/Br _____ ppm X _____ time in minutes = _____	
Method of Stool Removal: _____		Date & Time of Filter Backwash: _____	
Method of Sanitizing Equipment Used for Stool Removal: _____		Date & Time of Re-Open: _____	
Sanitizer Concentration and pH at Time of Closure:		Sanitizer Concentration and pH at Re-Opening:	

* CT dependent on a pH of 7.5 or less and a water temperature of 77°F or higher

Name of person completing form (Please print)		Position/Title	
SIGNATURE – Person Completing Form		Date Signed	



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