



Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Food and Recreational Safety

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## SWIMMING POOL AND WATER ATTRACTION FECAL INCIDENT RESPONSE REPORT

Wis. Admin. Code, ch. ATCP 76

**Please use one form per incident.** Operator shall maintain a copy of form for a minimum of two years and make available upon request.

### ch. 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/fecalacc.htm>.

(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.

### ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME		LICENSE NUMBER	
ESTABLISHMENT STREET ADDRESS	CITY	STATE	ZIP
BUSINESS E-MAIL		BUSINESS PHONE: ( ) -	
LEGAL LICENSEE	CONTACT PERSON	CONTACT PHONE: ( ) -	
TYPE OF POOL OR WATER ATTRACTION	DATE AND TIME OF EVENT AND DETECTION	NUMBER OF PATRONS PRESENT	

### TYPE OF FECAL CONTAMINATION

- Formed Stool, Vomit, or Blood (CT must equal 45\* before re-opening)
- Diarrhea (CT must equal 15,300\* before re-opening)

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

### RESPONSE PROCEDURES

DATE AND TIME OF CLOSURE	SANITIZER CONCENTRATION (C) AND INACTIVATION TIME (T) USED <b>Cl/Br _____ ppm X _____ time in minutes = _____</b>
METHOD OF STOOL REMOVAL	DATE AND TIME OF FILTER BACKWASH
METHOD OF SANITIZING EQUIPMENT USED FOR STOOL REMOVAL	DATE AND TIME OF RE-OPEN
SANITIZER CONCENTRATION AND pH AT TIME OF CLOSURE	SANITIZER CONCENTRATION AND pH AT TIME OF RE-OPENING

OPERATOR NAME (Please Print)	OPERATOR SIGNATURE	DATE
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Personal information you provide may be used for purposes other than that for which it was originally collected. Wis. Stat. § 15.04(1)(m)

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