



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 Cl/Br _____ ppm X _____ time in minutes = _____ | | |
| 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 |
|------------------------------|--------------------|------|

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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