



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Food and Recreational Safety
 PO Box 8911, Madison, WI 53708-8911
 Phone: (608) 224-4720 Fax: (608) 224-4710

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
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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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