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| F-fd-18.docx (New 7/16) |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection*Division of Food and Recreational Safety*PO Box 8911, Madison, WI 53708-8911Phone: (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. DHS 172.31 Note**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](http://docs.legis.wisconsin.gov/document/?url=http%3a%2f%2fwww.cdc.gov%2fhealthyswimming%2ffecalacc.htm&sig=B91B1210F0D53175BC1062AB970E4674EDD1C8068677AFA75FA1AB8E24161DEB).[DHS 172.31(2)](http://docs.legis.wisconsin.gov/document/administrativecode/DHS%20172.31%282%29)(2) The operator shall document each fecal contamination as follows: [DHS 172.31(2)(a)](http://docs.legis.wisconsin.gov/document/administrativecode/DHS%20172.31%282%29%28a%29) **(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. [DHS 172.31(2)(b)](http://docs.legis.wisconsin.gov/document/administrativecode/DHS%20172.31%282%29%28b%29) **(b)** Whether the stool is formed or loose. [DHS 172.31(2)(c)](http://docs.legis.wisconsin.gov/document/administrativecode/DHS%20172.31%282%29%28c%29) **(c)** The procedures followed in responding to the fecal contamination. [DHS 172.31(2)(d)](http://docs.legis.wisconsin.gov/document/administrativecode/DHS%20172.31%282%29%28d%29) **(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 |

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| RESPONSE PROCEDURES |
| DATE AND TIME OF CLOSURE      | SANITIZER CONCENTRATION (C) AND INACTIVATION TIME (T) USEDCI/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      |

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| 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) This institution is an equal opportunity employer.  |