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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 53708-8911  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.  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(2))  (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(2)(a)) **(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(2)(b)) **(b)** Whether the stool is formed or loose.  [DHS 172.31(2)(c)](http://docs.legis.wisconsin.gov/document/administrativecode/DHS%20172.31(2)(c)) **(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(2)(d)) **(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) USED  CI/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. |