

**FECAL AND VOMIT ACCIDENT REPORT**  
**SWIMMING POOLS, SPA POOLS, AND OTHER WATER FEATURES**

IF AN INCIDENT OCCURS INVOLVING FECAL WASTE OR VOMIT BEING INTRODUCED INTO THE FACILITY WATER, THE FACILITY MUST BE IMMEDIATELY CLOSED. BEFORE REOPENING, THE FACILITY MANAGER SHALL AT A MINIMUM TAKE THE STEPS LISTED IN SECTION 7.72.121 OF THE CITY CODE FOR DECONTAMINATION FOLLOWING A FECAL OR VOMIT ACCIDENT. THIS REPORT MUST BE COMPLETED IN FULL AND MUST BE MAINTAINED ON SITE WITH THE DAILY RECORDS FOR THE FACILITY FOR A PERIOD OF AT LEAST ONE YEAR. PLEASE SUBMIT A COPY OF THE COMPLETED REPORT TO THE DEPARTMENT OF ENVIRONMENTAL SERVICES- WATER QUALITY PROTECTION PROGRAM WITHIN 24-HOURS OF THE INCIDENT. TO SUBMIT THE REPORT BY FAX DIAL 316-858-7787. IF THE INCIDENT INVOLVES DIARRHEA PLEASE CONTACT THE DEPARTMENT OF ENVIRONMENTAL SERVICES IMMEDIATELY AT 316.268.8351. FOR AFTER HOURS AND ON WEEKENDS AND HOLIDAYS LEAVE A MESSAGE WITH THE DEPARTMENT'S VOICE MESSAGING SYSTEM.

**FACILITY INFORMATION**

NAME OF FACILITY \_\_\_\_\_ LICENSE EXPIRES \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 OWNER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 FACILITY MANAGER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 NUMBER OF FACILITIES USING THE FILTER \_\_\_\_\_ SWIMMING POOL \_\_\_\_\_ SPA POOL \_\_\_\_\_ OTHER FEATURE \_\_\_\_\_  
 TOTAL VOLUME OF FACILITY \_\_\_\_\_ GALLONS

**INCIDENT INFORMATION**

DATE OF OCCURANCE \_\_\_\_\_ TIME OF OCCURANCE \_\_\_\_\_  
 FORMED STOOL \_\_\_\_\_ DIARRHEA \_\_\_\_\_ VOMIT \_\_\_\_\_ NUMBER OF BATHERS AT TIME OF INCIDENT \_\_\_\_\_  
 NAME OF PERSON DIRECTING DECONTAMINATION/PREPARING REPORT \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**WATER QUALITY CONDITIONS AT TIME OF INCIDENT**

FREE CHLORINE RESIDUAL \_\_\_\_\_ PPM pH \_\_\_\_\_ TOTAL ALKALINITY \_\_\_\_\_ PPM  
 CHLORINATED ISOCYANURATES USED \_\_\_\_\_ YES \_\_\_\_\_ NO MAIN DRAIN CLEARLY VISABLE FROM SIDE OF POOL \_\_\_\_\_ YES \_\_\_\_\_ NO

**COURSE OF ACTION TAKEN**

TIME OF CLOSURE \_\_\_\_\_ TIME/DATE OF RE-OPENING \_\_\_\_\_ ELAPSED CLOSURE TIME \_\_\_\_\_ HRS CT VALUE \_\_\_\_\_  
 METHOD USED TO REMOVE FECAL MATERIAL/VOMITUS \_\_\_\_\_ NET CLEANED AND SANITIZED \_\_\_\_\_  
 FREE CHLORINE RESIDUAL FOR START OF TREATMENT \_\_\_\_\_ PPM pH FOR START OF TREATMENT \_\_\_\_\_  
 TIME FILTER BACKWASHED \_\_\_\_\_ FREE CHLORINE AT TIME OF RE-OPENING \_\_\_\_\_ PPM pH AT TIME OF RE-OPENING \_\_\_\_\_

**DECONTAMINATION LOG**  
 RECOMMEND MONITORING CHEMICAL LEVELS EVERY 30 MINUTES

DATE / TIME	FREE CHLORINE	pH	ADJUSTMENTS (CHEMICALS ADDED, ETC.) & NOTES

