

Worcester County Health Department

PUBLIC SWIMMING POOL and SPA OPERATING RECORD SHEET for FECAL ACCIDENTS

Facility Name _____

Operating Permit # _____

Type of Fecal Accident (diarrheal or formed) _____

Date of Fecal Accident _____

Time of Fecal Accident _____

Area of Pool _____

Chlorine/Bromine Residual at time of accident Free: _____ Total: _____

pH at time of accident _____

Date pool closed _____

Time pool closed _____

Follow the CDC Fecal Accident Response Recommendations for Pool Staff available at

<http://www.cdc.gov/healthywater/pdf/swimming/pools/fecal-incident-response-recommendations.pdf>

After raising the free chlorine residual to CDC recommendations, test and record disinfectant levels and pH levels at 15 feet intervals around the pool perimeter to ensure disinfectant residual is achieved throughout the pool. Use one sheet per incident.

Date								
Time of day								
Area of pool								
CL residual								
pH								

Date pool reopened _____

Time pool reopened _____

Chlorine/Bromine Residual prior to reopening Free: _____ Total: _____

pH prior to reopening _____

Area of pool tested _____

Record the following: Procedures followed during fecal accident and procedures used to increase disinfectant level.

Signature of Certified Operator: _____