

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

