



# Health and Human Services Department Placer County Environmental Health

## INCIDENT RESPONSE REPORT (submit copy to Environmental Health) (FECAL, VOMIT, BLOOD CONTAMINATION, NEAR-DROWNING OR DROWNING, ETC....)

<b>Facility Name:</b>	<b>Date:</b>
<b>Facility Address:</b>	<b>Phone # :</b>
<b>Owner/Operator:</b>	<b>Contact #</b>
<b>Email:</b>	<b>Emergency Contact # :</b>

**Classification:**  Swimming Pool  Spa  Wading Pool  Spray Grounds  Other: \_\_\_\_\_

**Type of Incident:**  Formed Stool  Diarrheal Stool  Vomit  Blood  Drowning (fatal)  Near Drowning  Other (Waterborne Illness, Electrocutation, Chemical Exposure, or \_\_\_\_\_)

<p><b>Step 1</b></p> <ul style="list-style-type: none"> <li>❖ Date of Incident:: _____/_____/_____</li> <li>❖ Date of Closure: _____/_____/_____</li> <li>❖ Time of Closure: _____</li> </ul> <p><b>Step 2</b></p> <ul style="list-style-type: none"> <li>❖ Number of patrons present during the incident: _____</li> </ul> <p><b>Step 3</b></p> <ul style="list-style-type: none"> <li>❖ Water Characteristics at the time of closure:</li> <li>❖ Clarity: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Slightly cloudy</li> <li>❖ Sanitizer Concentration:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Free Chlorine _____ PPM</li> <li><input type="checkbox"/> Bromine _____ PPM</li> <li><input type="checkbox"/> UV for spray feature reading: _____ mJ/cm<sup>2</sup></li> </ul> </li> <li>❖ pH at the time of closure: _____</li> <li>❖ Cyanuric Acid: <input type="checkbox"/> Yes _____ PPM <input type="checkbox"/> No <input type="checkbox"/> N/A</li> </ul> <p><b>Step 4</b></p> <ul style="list-style-type: none"> <li>❖ Describe the incident and the steps taken in response to the Incident:</li> <li>_____</li> <li>_____</li> </ul> <p><i>NOTE: USE COMMENT SECTION BELOW OR ATTACH YOUR INCIDENT REPORT</i></p> <p><b>Step 5</b></p> <ul style="list-style-type: none"> <li>❖ Water Characteristics during remediation:</li> <li>❖ Free chlorine concentration was raised to _____ PPM and maintained for _____ hours</li> <li>❖ Cyanuric acid reading: _____ PPM</li> <li>❖ pH reading : _____ <i>(Note: pH shall be kept at 7.5 or lower)</i></li> <li>❖ Water Temperature: _____ °F <i>(Note: pool shall be kept at 77 °F or higher)</i></li> </ul>	<p><b>Step 6</b></p> <ul style="list-style-type: none"> <li>❖ Filter Type:             <ul style="list-style-type: none"> <li><input type="checkbox"/> Sand</li> <li><input type="checkbox"/> DE</li> <li><input type="checkbox"/> Cartridge</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> <li>❖ Was the filter backwashed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where was the backwash water discharged? _____</li> <li>❖ If your pool has cartridge filter, was it replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <i>(Note: For diarrheal stool, Cartridge shall be replaced)</i></li> </ul> <p><b>Step 7</b></p> <ul style="list-style-type: none"> <li>❖ Any Equipment Failure? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No</li> </ul> <p><b>Step 8</b></p> <ul style="list-style-type: none"> <li>❖ Water Characteristics after remediation: <i>(Note: sanitizer concentrations at re-opening shall be tested at multiple points to ensure the required free chlorine concentration is achieved throughout the pool water for the entire disinfection time.)</i></li> <li>❖ Sanitizer (Free Chlorine) levels:             <ul style="list-style-type: none"> <li>Area 1 (shallow/stairs): _____ PPM</li> <li>Area 2 (deep end): _____ PPM</li> <li>Area 3 (middle part): _____ PPM</li> <li>Area 4 ( sampling spigot) _____ PPM</li> </ul> <i>(Note: middle and deep areas does not apply to spa and waders)</i> </li> <li>❖ Cyanuric Acid: <input type="checkbox"/> Yes _____ PPM <input type="checkbox"/> No <input type="checkbox"/> N/A</li> <li>❖ pH reading: _____</li> </ul> <p><b>Step 9</b></p> <ul style="list-style-type: none"> <li>❖ Date of Re-opening: _____/_____/_____</li> <li>❖ Time of Re-opening: _____</li> </ul> <p><b>Step 10</b></p> <ul style="list-style-type: none"> <li>❖ Name of pool operator or Lifeguard in charge in responding, and resolution of the incident: <b>Print Name:</b> _____</li> <li><b>Contact # :</b> _____</li> </ul>
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**Reviewed by REHS:** \_\_\_\_\_ **Date:** \_\_\_\_\_

