



Public Health
Environmental Health Services

INCIDENT RESPONSE REPORT
FECAL, VOMIT, BLOOD CONTAMINATION, AND NEAR-DROWNING OR DROWNING

Please return completed form to 385 N Arrowhead Ave, San Bernardino, CA 92415, or fax to (909) 387-4323.

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

Classification: Swimming Pool Spa Wading Pool Spray Grounds Other: _____

Type of Incident: Formed Stool Diarrheal Stool Vomit Blood Drowning (fatal) Near Drowning

<p>Step 1</p> <ul style="list-style-type: none"> ❖ Date of Incident: ____/____/____ ❖ Date of Closure: ____/____/____ ❖ Time of Closure: _____ <p>Step 2</p> <ul style="list-style-type: none"> ❖ Number of patrons present during the incident: _____ <p>Step 3</p> <ul style="list-style-type: none"> ❖ Water Characteristics at the time of closure: ❖ Clarity: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Slightly cloudy ❖ Sanitizer Concentration: <ul style="list-style-type: none"> <input type="checkbox"/> Free Chlorine _____ PPM <input type="checkbox"/> Bromine _____ PPM <input type="checkbox"/> UV for spray feature reading: _____ mJ/cm² ❖ pH at the time of closure: _____ ❖ Cyanuric Acid: <input type="checkbox"/> Yes _____ PPM <input type="checkbox"/> No <input type="checkbox"/> N/A <p>Step 4</p> <ul style="list-style-type: none"> ❖ Describe the incident and the steps taken in response to the Incident: _____ _____ _____ _____ _____ <p>Step 5</p> <ul style="list-style-type: none"> ❖ Water Characteristics during remediation: ❖ Free chlorine concentration was raised to _____ PPM and maintained for _____ hours ❖ Cyanuric acid reading: _____ PPM ❖ pH reading : _____ <i>(Note: pH shall be kept at 7.5 or lower)</i> ❖ Water Temperature: _____ °F <i>(Note: pool shall be kept at 77 °F or higher)</i> 	<p>Step 6</p> <ul style="list-style-type: none"> ❖ Filter Type: <ul style="list-style-type: none"> <input type="checkbox"/> Sand <input type="checkbox"/> DE <input type="checkbox"/> Cartridge <input type="checkbox"/> Other: _____ ❖ Was the filter backwashed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where was the backwash water discharged? _____ ❖ 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> <p>Step 7</p> <ul style="list-style-type: none"> ❖ 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> ❖ Sanitizer (Free Chlorine) levels: <ul style="list-style-type: none"> Area 1 (shallow/stairs): _____ PPM Area 2 (deep end): _____ PPM Area 3 (middle part): _____ PPM Area 4 (sampling spigot) _____ PPM <i>(Note: middle and deep areas does not apply to spa and waders)</i> ❖ Cyanuric Acid: <input type="checkbox"/> Yes _____ PPM <input type="checkbox"/> No <input type="checkbox"/> N/A ❖ pH reading: _____ <p>Step 8</p> <ul style="list-style-type: none"> ❖ Date of Re-opening: ____/____/____ ❖ Time of Re-opening: _____ <p>Step 9</p> <ul style="list-style-type: none"> ❖ Name of the pool operator in charge in responding, and resolution of the incident Print Name: _____ Contact # : _____
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Reviewed by REHS: _____

Date: _____

