

Fecal Accident Incident Report

Date of incident _____

Time of incident _____

Name of individual responsible for incident _____

Address _____ Gender _____ Phone _____

Any known symptoms/complaints of said person _____

Formed stool – Yes / No Diarrhea – Yes / No

Location in pool of incident _____ Extent of coverage _____

Time of pool closure _____ AM/PM Pool reading at time of incident _____

Number of testing sites _____ Location of testing sites _____

Describe Corrective action taken in sequence

Specify chemical adjustments made _____

Time of re-testing _____ AM/PM Results _____

Time pool was reopened _____ AM/PM

Signature of person completing report

Date

Print Name

Name of Certified Pool Operator on shift _____