SALT LAKE COUNTY HEALTH DEPARTMENT

# Swimming Pool/Spa
# Fecal Accident Report

## Section 1: Incident Information

Facility Name _____ Pool Affected _____

Date of Incident _____ Time of Incident _____ Location in Pool of Incident _____

Extent of Coverage _____ Name of CPO on Shift _____

## Section 2: Responsible Individual

Name _____ Gender _____ Phone _____

Street Address _____ City _____ State _____ Zip Code _____

Any known symptoms/complaints of responsible person _____

## Section 3: Closure Information

Time of Closure _____ Pool reading at time of incident _____ # of Testing Sites _____ Location of Testing Sites _____

Describe corrective action taken, in sequence:

_____

_____

_____

Chemical adjustments made _____

Time of Retesting _____ Results _____ Time Pool Reopened _____

Name of person completing report _____ Date _____

Print

Signature _____