

## 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

\_\_\_\_\_  
Signature