

**Fecal / Blood / Vomitus
Incident Log Sheet**

Name of Facility _____

1. Conditions at Time Incident Recognized														
Date	Time Incident Recognized	Incident		Chlorine Concentration (ppm)	pH	Cyanuric Acid (ppm)	Water Temperature °F	Pool Closed	Bathers Advised	Hlth. Dept. Contact	Incident Cleaned Up	Equip. Cleaned Up	Other Prodeures (List Below)	Worker's Name
		Formed Stool Blood-Vomitous	Diarrheal											
2. Conditions at Time Treatment Started														
Date	Time Treatment Started	Chlorine Concentration (ppm)	Cyanuric Acid (ppm)	Water Temperature °F	pH	Procedures Used To Start Pool Treatment (List Below if Necessary)							Worker's Name	
3. Conditions During Treatment Period														
Date	Time of Treatments	Chlorine Concentration (ppm)	Cyanuric Acid (ppm)	Water Temperature °F	pH	Procedures Used To Maintain Pool (List Below if Necessary)							Worker's Name	
1														
2														
3														
4														
5														
6														
4. Conditions at Time Treatment Finished														
Date	Time Treatment Finished	Chlorine Concentration (ppm)	Cyanuric Acid (ppm)	Water Temperature °F	pH	Procedures Used To Maintain Pool (List Below if Necessary)						Health Department Contact	Worker's Name	
5. Conditions at Time Pool Opened														
Date	Time Pool Opened	Chlorine Concentration (ppm)	Cyanuric Acid (ppm)	Water Temperature °F	pH	Procedures Used To Open Pool (List Below if Necessary)						Health Department Contact	Worker's Name	
Comments / Footnotes														