



**COUNTY OF ORANGE
HEALTH CARE AGENCY
ENVIRONMENTAL HEALTH**

<http://ochealthinfo.com/eh/water/pool>

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Pool Incident Response Form

Effective January 1, 2015, Chapter 20 of the California Code of Regulations, Title 22, was amended to require response procedures to fecal, vomit, blood contamination, near-drowning or drowning incidents at public pool facilities (§65546). Incident logs and records must be retained for two (2) years and made available at the inspector's request (§65523).

Check the type of Incident(s): <input type="checkbox"/> Formed Fecal <input type="checkbox"/> Diarrheal Fecal <input type="checkbox"/> Vomit <input type="checkbox"/> Blood Contamination <input type="checkbox"/> Fatal or non-Fatal Drowning
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DETAILS AT THE TIME OF THE INCIDENT

Date of Incident:	Number of Pool Users:	Available Free-Chlorine:
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Time of Incident:	Pool Temperature:	pH Level:
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Date & Time Pool Closed:

Type of Pool (circle one):
 (a) Swimming pool (b) Spa (c) Wading (d) Other: _____

Briefly Describe the Incident:

Corrective Actions Taken:

Note: (1-4 are measurements spread evenly thru the closure time)

Measurement of Free Residual Chlorine

Measurement of pH

Date & Time Pool Reopened:

Water Quality Measurements					
Level at closure	1	2	3	4	Level prior to reopening

Total Contact Time: _____
 (Time from when disinfection reached desired level to when disinfectant levels reduced prior to reopening)

Site Name:	Program Record: (<i>Environmental Health Use</i>) <i>For Environmental Health Use</i>
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Street Address, City, & Zip Code:

Owner:

Pool Operator:	Telephone No:
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