

FECAL AND VOMIT ACCIDENT REPORT

FACILITY NAME_____

WHICH POOL OR SPA _____

LOCATION OF POOL/SPA (city) _____

WHAT DATE AND TIME_____

WHAT TYPE OF ACCIDENT (Formed stool, diarrhea, and vomit) _____

HOW WAS IT TREATED (chemically)_____

HOW LONG WAS POOL OR SPA CLOSED_____

WHO IS THE CPO_____

CONTACT NUMBER_____

NOTES_____

please fax to 947-3557