



# Waupaca County

## Department of Health and Human Services

Food Safety & Recreational Licensing Program

### FECAL ACCIDENT REPORT

**HFS 172.31 Fecal accident response. (2)** The operator shall document each fecal contamination as follows: (a) The date and time of the event and the free available chlorine and pH level at the time of the event and after the event, before re-opening the pool to the public. (b) Whether the stool is formed or loose. (c) The procedures followed in responding to the fecal contamination. (d) The number of patrons in the pool and the length of time between the occurrence, detection, and resolution of the incident.

**Maintain reports for at least 2 years.**

**Mail or Fax report to:** Waupaca County DHHS, Sanitarian  
811 Harding St  
Waupaca, Wisconsin 54981  
Telephone No. 715-258-6389, Fax No. 715-258-6409

**Email report to:** [jed.wohlt@co.waupaca.wi.us](mailto:jed.wohlt@co.waupaca.wi.us)

**Please Print All Information**

#### Establishment Information

Establishment Name	Facility ID No.
Establishment Street Address, City, State and Zip Code	
Legal Licensee	
Pool Operator	Telephone No.

#### Event Information

Type of Pool or Water Attraction	Date of Fecal Accident	Time of Fecal Accident	
Type of fecal accident: <input type="checkbox"/> Formed Stool <input type="checkbox"/> Diarrhea		Number of Patrons in Pool	
pH at Time of Accident	Free Chlorine at Time of Accident ppm	pH Before Re-opening	Free Chlorine Before Re-opening ppm
Length of Time from Occurrence to Detection		Length of Time from Occurrence To Resolution of Incident	

Description of Procedures Taken After Fecal Contamination (Use back side of form for additional pages, if needed)

Name of Person Conducting Decontamination Procedures	Date and Time Patrons Allowed to Return to Pool
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Name of person completing form (Please print ) Position/Title

**SIGNATURE** – Person Completing Form Date Signed