NET Health

WATER CONTAMINATION RESPONSE LOG

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Person Conducting Contamination Response** |  | | | | | |
| **Supervisor on Duty** |  | | | | | |
| **Date (mm/dd/yyyy) of Incident Response** |  | | | | | |
| **Time of Incident Response** |  | | | | | |
| **Water Feature or Area Contaminated** |  | | | | | |
| **Number of People in Water** |  | | | | | |
| **Type/Form of Contamination in Water:**  **Fecal Accident (Formed Stool or Diarrhea), Vomit, Blood** |  | | | | | |
| **Time that Water Feature was Closed** |  | | | | | |
| **Stabilizer level(if used) at this facility or n/a**  **(Above 15PPM must reduce CYA before hyper-chlorination) \*\*CDC** |  | | | | | |
| **Used CDC protocols for this incident (Yes/No)**  **\*If no, what protocols used? Detail on reverse side.** | **Water Quality Measurements** | | | | | |
| **Level at Closure** | **1** | **2** | **3** | **4** | **Level Prior to Reopening** |
| **Free Residual Chlorine**  **(1-4 are measurements spread evenly thru the closure time)** |  |  |  |  |  |  |
| **pH**  **(1-4 are measurements spread evenly thru the closure time)** |  |  |  |  |  |  |
| **Date (mm/dd/yyyy) that Water Feature was Reopened** |  | | | | | |
| **Time that Water Feature was Reopened** |  | | | | | |
| **Total Contact Time**  **(Time from when disinfectant reached desired level to when disinfectant levels were reduced prior to opening)** |  | | | | | |
| **Remediation Procedure(s) Used and Comments/Notes** |  | | | | | |

**For Diarrhea incident, must notify NET Health Environmental Health Department office at**

**903-535-0037**

Make this record part of your permanent chemical log entry for these date(s)