



# COMMUNITY DEVELOPMENT SERVICES

## ENVIRONMENTAL MANAGEMENT DEPARTMENT

<http://www.edcgov.us/EMD/>

**PLACERVILLE OFFICE:**

2850 Fairlane Court  
Placerville, CA 95667  
(530) 621-5300  
(530) 642-1531 Fax

**LAKE TAHOE OFFICE:**

924 B Emerald Bay Rd.  
South Lake Tahoe, CA 96150  
(530) 573-3450  
(530) 542-3364 Fax

### 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):**     Formed Fecal     Diarrheal Fecal  
 Vomit     Blood Contamination     Fatal or non-Fatal Drowning

**DETAILS AT THE TIME OF THE INCIDENT**

Date of Incident:	Number of Pool Users:	Available Free-Chlorine:
-------------------	-----------------------	--------------------------

Time of Incident:	Pool Temperature:	pH Level:
-------------------	-------------------	-----------

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: <b><i>(Environmental Health Use)</i></b> <i>For Environmental Health Use</i>
------------	---

Street Address, City, & Zip Code:

Owner:

Pool Operator:	Telephone No:
----------------	---------------