Indiana State
Department of Health

Environmental Public Health
100 N. Senate Ave., N855
Indianapolis, IN 46204

Swimming Pool Contamination Incident Record

410 IAC 6-2.1-38 requires that any fecal event occurring in the pool be recorded. This record shall include the date and time, whether it involved formed stool or diarrhea, and the free chlorine and pH levels at the time of observation of the event. Before reopening the pool record the free chlorine and pH levels, the procedures followed in response to the fecal accident, the process used to increase chlorine levels (if required), and the chlorine contact time. This record shall be kept for a minimum of one year, and be available upon request by the department.

Date of incident: _____ Time: _____

Name of pool facility_____

Facility address_____

Pool type: ___Pool ___Spa ___Wading pool ___Splash pad ___Other:_____

Name of person recording incident _____

Contaminant was: _____Full stomach Vomit _____Solid fecal _____Diarrhea

_____Blood in the pool water* _____ Body fluid on pool deck surfaces*

Person responsible for the incident ___Ill ___Not ill ___Unknown ____Not found

Free disinfectant (chlorine or bromine) at the time of the event: _____ pH: _____

Pool was closed for _____ hours/minutes

Procedure**:

Chlorine level was maintained at _____ppm for _____minutes/hours (contact time)

Free disinfectant residual prior to re-opening _____ppm
(Cannot exceed 7 ppm Chlorine)

pH prior to re-opening _____

*** Not required to record per 410 IAC 6-2.1-38(a)(7)**
**** Include process used to increase chlorine levels (if required).** (06-17-15)