

# Body Fluid Contamination Response Log

<b>Person Carrying out Contamination Response</b>		Supervisor on Duty				
Date (mm/dd/yyyy) of Incident Response		Time of Incident Response	Number of People in Water			
Water Feature or Area Contaminated						
Specify Type/Form of Contamination	Formed stool	Diarrhea	Vomit    Blood			
Stabilizer Used in Water?	_____ YES          _____ NO					
<b>Water Quality Measurements</b>	<i>Taken 6 times during DISINFECTION (once every ____ minutes)</i>					
	Closure	1	2	3	4	Prior to Reopening
Time at Measurements						
Free Residual CHLORINE						
PH						
<b>Date (mm/dd/yyyy) that Water Feature was Reopened</b>			Time that Water Feature was Reopened			
Total Contact Time <small>(Time from when disinfectant reached target level to when disinfectant levels were reduced prior to opening)</small>	<b>From _____ To _____</b> <b>Total Time Lapse _____</b>					
<b>Remediation Procedure(s) Used and Comments/Notes</b>						