

Mark Harris, County Executive
Doug Gieryn, Health Officer/Director

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health@co.winnebago.wi.us
www.co.winnebago.wi.us/health
www.rethinkwinnebago.org



□ 112 Otter Avenue
PO Box 2808
Oshkosh, WI 54903-2808
Phone: 920-232-3000

□ 211 Walnut Street
Neenah, WI 54956
Phone: 920-727-2894

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FECAL ACCIDENT REPORT

DHS 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: Winnebago County Health Department, Environmental Health
112 Otter Ave - PO Box 2808
Oshkosh, Wisconsin 54904-2808
Telephone No. 920-232-3000, Fax No. 920-232-3370

Email report to: aboyce@co.winnebago.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 _____