



Person Carrying out Contamination Response		Supervisor on Duty				
Date (mm/dd/yyyy) of Incident Response		Time of Incident Response		Number of People in Water		
Water Feature or Area Contaminated						
Circle Type /Form of Contamination						
Stabilizer Used in Water?	_____ YES      _____ NO					
Water Quality Measurements	<i>Taken 6 times during <b>disinfection</b> (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>		<b>Time that Water Feature was Reopened</b>				
Total Contact Time  (Time from when disinfectant reached target level to when disinfectant levels were reduced prior to opening)	<b>From _____ To _____</b>  <b>Total Time Lapse _____</b>					
<b>Remediation Procedure(s) Used and Comments/Notes</b>						

*\*Form adapted from the Centers for Disease Control and Prevention (CDC)*

Source: Centers for Disease Control and Prevention. (2023, March 23). MAHC tools and training. Centers for Disease Control and Prevention. Retrieved March 27, 2023, from <https://www.cdc.gov/mahc/networks-tools-forms.html>