



**Appendix C Body Fluid Contamination Response Log**

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	Formed stool   Diarrhea   Vomit   Blood							
Stabilizer Used in Water?	_____ YES        _____ NO							
Water Quality Measurements	<i>Taken 6 times during <b>disinfection</b> (once every _____ minutes)</i>							Prior to Reopening
	Closure	1	2	3	4			
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  (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>