



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								
Indicate Type /Form of Contamination	Formed stool		Diarrhea	Vomit	Blood			
Stabilizer Used in Water?	_____ YES		_____ NO					
Water Quality Measurements	<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								
Date (mm/dd/yyyy) that Water Feature was Reopened				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)	From _____ To _____ Total Time Lapse _____							
Remediation Procedure(s) Used and Comments/Notes								

**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>