

Public Pool Operation Records

Contra Costa County Environmental Health
 2120 Diamond Blvd. Ste. 100, Concord, CA. 94520
 (925) 608-5500 Fax (925) 608-5502 www.cchealth.org/eh

**KEEP ALL FORMS &
 RECORDS FOR AT LEAST
 2 YEARS**

- **Disinfectant** (chlorine, bromine, other)—test daily
- **pH**—test daily
- **Combined Chlorine**—test as often as needed to maintain below 0.4 ppm
- **CYA** (cyanuric acid) - test monthly (if used)

Site Name:		PR# (Environmental Health Office Use):	
Street Address, City, State and Zip Code:			
Owner:			
Pool Operator:		Telephone No.:	
Classification (circle one): (a) Swimming pool (b) Spa (c) Wading (e) Other: _____			

Date	Time	Disinfectant	Combined Chlorine	pH	CYA Cyanuric Acid	Water Clarity	Heated Pool or Spa Temp.	Maintenance
								<ul style="list-style-type: none"> • Indicate descriptions of routine maintenance, repairs, and corrective actions. • For additional comments, provide a continuation sheet.
		See Disinfection Chart	Max. 0.4 ppm	Min. 7.2 Max. 7.8	Max. 100 ppm	Bottom of deep end visible from deck	Max. 104° F	
								COMMENTS: _____ _____
								COMMENTS: _____ _____
								COMMENTS: _____ _____
								COMMENTS: _____ _____
								COMMENTS: _____ _____
								COMMENTS: _____ _____
								COMMENTS: _____ _____

DISINFECTION

	Free-Chlorine Residual				Bromine Residual	
	Without CYA		With CYA		Min	Max
	Min	Max	Min	Max		
Public Pools	1.0 ppm*	10.0 ppm*	2.0 ppm*	10.0 ppm*	2.0 ppm*	=
Public Spas, Wading Pools, and Spray Grounds	3.0 ppm	10.0 ppm	3.0 ppm	10.0 ppm	4.0 ppm	=

WATER CHARACTERISTICS CHART

	Minimum	Maximum
pH	7.2	7.8
Cyanuric Acid Concentration	0.0 ppm	100 ppm
Combined Chlorine Concentration	0.0 ppm	0.4 ppm
Pool Water Temperature	Not applicable	104° F

GENERAL POOL SAFETY

- ◆ Ensure pool enclosure gates are able to properly self-close AND self-latch. Ensure pool enclosure fencing is in good repair.
- ◆ Ensure safety and first aid equipment is provided and maintained readily visible and available for use at the public pool at all times. Safety equipment includes but is not limited to; an approved life ring and rescue pole with attached body hook.
- ◆ Ensure all required pool safety signs are visible and posted.

Reportable Waterborne Illness Form – Public Pool

Fax or send this document to Contra Costa Environmental Health within 24 hrs.

Reporting Requirement: If two or more **lifeguards** or **pool users** at a public pool report within **5 days** of each other to the pool operator that they have had diarrhea, the pool operator shall report this to the enforcing agent. **Section 65541, Title 22, CCR, DIVISION 4.**

“Pool User” means a person using a public pool or ancillary facilities for the purpose of participating in or watching pool users engaged in water activities such as diving, swimming or wading.

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Site Name:		Program Record No. (Environmental Health Office Use):	
Street Address, City, State and Zip Code:		When responding to external request for entire or partial sections of this document, determine whether redaction is required for HIPPA compliance.	
Owner:			
Pool Operator:		Telephone No.	
<u>Name of Reportedly Ill Individual (A):</u>	Contact Information:	(Check one): <input type="checkbox"/> Lifeguard <input type="checkbox"/> Pool User	
		Diagnosed By Medical Professional:	
		(Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been swimming in the past 14 days? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
Have you consumed foods and/or drinks from food establishments or common events within the past 72 hours? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
Did you drink any well water in the past 72 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
Did you visit a daycare facility or nursing home in the past 72 hours? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
<u>Name of Reportedly Ill Individual (B):</u>	Contact Information:	(Check one): <input type="checkbox"/> Lifeguard <input type="checkbox"/> Pool User	
		Diagnosed By Medical Professional:	
		(Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been swimming in the past 14 days? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
Have you consumed foods and/or drinks from food establishments or common events within the past 72 hours? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
Did you drink any well water in the past 72 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
Did you visit a daycare facility or nursing home in the past 72 hours? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
(For additional individuals, provide a continuation sheet)			
Comments:			

Fecal Vomit Blood Incident

Response Report

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See back page for instructions

KEEPS FORMS &
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Site Name:		Program Record No. (Environmental Health Office Use)		
Street Address, City, State and Zip Code				
Owner:				
Pool Operator:		Telephone No.		
Classification: (a) Swimming pool (b) Spa (c) Wading (d) Spray Ground (e) Other: _____				
Type of Contaminant:	(a) Formed Stool	(b) Diarrhea <small>Refer to Reportable Waterborne Illness Form Attachment</small>	(c) Vomit	(d) Blood
Question 1 <ul style="list-style-type: none"> Date of Closure: ____/____/____ Time of Closure: _____ 		Question 6 <ul style="list-style-type: none"> Filter Type: <ul style="list-style-type: none"> (a) Sand (b) DE (c) Cartridge (d) other: _____ Was the filter backwashed? <ul style="list-style-type: none"> (a)Yes (b) No If yes, where was the backwash discharged? _____ _____ If a cartridge filter was used, was it replaced following a diarrhea incident? <ul style="list-style-type: none"> (a)Yes (b) No 		
Question 2 Number of Patrons Present During Incident: _____				
Question 3 Water Characteristics at Time of Closure: <ul style="list-style-type: none"> Sanitizer Concentration: _____ ppm of (circle one): <ul style="list-style-type: none"> (a) Free Available Chlorine (b) Bromine pH at Time of Closure: _____ 				
Question 4 <ul style="list-style-type: none"> What equipment or implements were used to remove the contaminant? _____ _____ Were these item(s) sanitized afterwards? (a)Yes (b) No How was the contaminant disposed? _____ _____ 		Question 7 Water Characteristics After Remediation: Sanitizer Concentration at Re-Opening (must be tested at multiple points of the pool) : <ul style="list-style-type: none"> Area 1 (shallow): _____ ppm Area 2 (middle): _____ ppm Area 3 (deep): _____ ppm (Note: middle & deep areas need not apply to spas & waders) Was CYA (cyanuric acid) present? (a)Yes (b) No If yes, what was the concentration? _____ ppm pH: _____ 		
Question 5 Water Characteristics During Remediation: <ul style="list-style-type: none"> Free Available Chlorine Concentration was raised to: _____ ppm and maintained for _____ hours. Was CYA (cyanuric acid) present? (a)Yes (b) No If yes, what was the reading? _____ ppm pH: _____ Water Temperature: _____ 		Question 8 <ul style="list-style-type: none"> Date of Re-Opening: ____/____/____ Time of Re-Opening: _____ 		

Comments:

❖ *In responding to a fecal, vomit, or blood release incident, follow these procedures:*

- (a) In responding to a fecal, vomit, blood contamination, near-drowning or drowning incident, the pool operator shall perform the following disinfection procedures:
- (1) After a fecal, vomit, blood contamination, near-drowning, or drowning incident, the pool operator shall immediately close the affected public pool to pool users. If the public pool is one of multiple public pools that use the same filtration system, then all interconnected public pools shall be closed to pool users. No one shall be allowed to enter the public pool(s) until the disinfection procedures have been completed.
 - (2) The pool operator shall remove contaminating material and discharge the contaminating material directly to the sanitary sewer or other approved wastewater-disposal process in accordance with State or local requirements. The pool operator shall clean and disinfect the item used to remove the contaminating material.
 - (3) The pool operator shall ensure that the pH of the public pool water is at **7.5 or lower**.
 - (4) The pool operator shall measure and maintain the public pool water temperature at **77°F (25°C) or higher**.
 - (5) The pool operator shall ensure that the filtration system is operating while the public pool reaches and maintains the required free-chlorine concentration during the disinfection process.
 - (6) The pool operator shall disinfect the public pool water as follows:
 - (A) If the contaminating material is a formed fecal stool or vomit, the pool operator shall maintain the free-chlorine concentration in the pool at **2 ppm for at least 25 minutes**.
 - (B) If the fecal material is a **diarrheal stool**, the pool operator shall raise the free-chlorine concentration in the pool to **20 ppm** and maintain that concentration for at least **12.75 hours**. If that public pool water contains a chlorine stabilizer such as cyanuric acid, the pool operator shall lower the pH to **6.5** and raise the free-chlorine concentration in the public pool to **40 ppm** and maintain that concentration for at least **30 hours**.
 - (C) If the contaminating material is blood, the pool operator shall check the free-chlorine concentration in the public pool at the time of the incident. If it is below the required minimum free-chlorine concentration, the pool operator shall immediately close the public pool until the required minimum free-chlorine concentration is achieved.
 - (7) The pool operator shall test the free-chlorine residual at multiple points to ensure the required free-chlorine concentration is achieved throughout the public pool water for the entire disinfection time.
 - (8) The pool operator shall replace any affected cartridge filters and shall backwash noncartridge filters after the disinfection process has been completed. The pool operator shall ensure the effluent is discharged directly to the sanitary sewer or other approved wastewater-disposal process in accordance with State or local requirements. The pool operator shall not return the filter backwash water to the pool. The pool operator shall replace the filter media if necessary.
 - (9) The pool operator shall not allow pool users back into the public pool until the disinfection process has been completed and the free-chlorine concentration and pH of the public pool water have returned to normal operating ranges in accordance with sections 65529 and 65530.
- (b) The pool operator shall immediately document each fecal, vomit, blood contamination, drowning, or near-drowning incident and maintain records in accordance with section 65523 as follows:
- (1) The date and time of the incident, the affected pool, the available free-chlorine concentrations, pool temperature, and pH at the time of the incident, and facts known about the circumstances and cause of the incident. This information shall also be documented after the pool operator has completed the disinfection process and again when reopening the pool to pool users.
 - (2) Whether the fecal stool was formed or diarrheal.
 - (3) The procedures followed in responding to the contamination incident.
 - (4) The number of pool users in the public pool and the length of time between the occurrence, detection, and resolution of the incident.

Note: Authority cited: Sections 116035, 116050 and 131200, Health and Safety Code. Reference: Sections 116040, 116043, 116050, 116053, 116055 and 116063, Health and Safety Code.

Lifeguard Recordkeeping Checklist

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Site Name:	Program Record No. (Environmental Health Office Use):	
Street Address, City, State and Zip Code:		
Owner:		
Pool Operator:	Telephone No.	Operating Year:
<u>SAFETY EQUIPMENT:</u>		
<input type="checkbox"/> Red Cross 10-Person Industrial First Aid Kit or the equivalent <input type="checkbox"/> Operating telephone <input type="checkbox"/> Backboard and head immobilizer <input type="checkbox"/> Life ring with throw rope <ul style="list-style-type: none"> • 17-inch minimum exterior diameter • Attached minimum 3/16-inch diameter throw rope • Rope length to span the maximum width of the pool • Stored in such a way as to prevent kinking or fouling. <input type="checkbox"/> Rescue pole <ul style="list-style-type: none"> • 12-foot-minimum fixed-length • With a permanently attached body hook. Condition of Safety Equipment: <input type="checkbox"/> Life ring, throw rope, & grab-line in good repair <input type="checkbox"/> Rescue pole with fixed hook <input type="checkbox"/> Rescue Equipment accessible	<input type="checkbox"/> POOL IS OVER 75FT IN LENGTH OR 50FT IN WIDTH and retains an additional rescue pole and life ring on at least two opposing sides of the pool at centralized locations. <input type="checkbox"/> N/A – Pool of smaller dimension (additional rescue equipment not required)	<p style="text-align: center;"><i>Consult with enforcing agent:</i></p> <input type="checkbox"/> One or more paddle boards or square-sterned boats equipped with oars, oarlocks, and life rings. <input type="checkbox"/> Not required following consultation with enforcing agent.
<u>SWIMMING APPAREL:</u>	<u>SURVEILLANCE:</u>	
<input type="checkbox"/> Lifeguard apparel provided	<input type="checkbox"/> Operating procedures available to ensure lifeguards maintain continuous surveillance of the pool users.	
<u>REPORTING REQUIREMENT:</u>		
<ul style="list-style-type: none"> • If two or more <i>lifeguards</i> report within 5 days of each other that they have had diarrhea, the pool operator shall report this to the enforcing agent. <i>Section 65541, Title 22, CCR, DIVISION 4.</i> • Refer to <i>Reportable Waterborne Illness Form</i>. 		

CERTIFICATION:

Lifeguard (1) – Name:

Accreditation:

- Red Cross (lifeguarding)
- YMCA (lifeguard)

Date of Expiration: ____/____/____

Lifeguard (2) – Name:

Accreditation:

- Red Cross (lifeguarding)
- YMCA (lifeguard)

Date of Expiration: ____/____/____

Lifeguard (3) – Name:

Accreditation:

- Red Cross (lifeguarding)
- YMCA (lifeguard)

Date of Expiration: ____/____/____

Lifeguard (4) - Name

Accreditation:

- Red Cross (lifeguarding)
- YMCA (lifeguard)

Date of Expiration: ____/____/____

Lifeguard (5) - Name

Accreditation:

- Red Cross (lifeguarding)
- YMCA (lifeguard)

Date of Expiration: ____/____/____

Lifeguard (6) - Name

Accreditation:

- Red Cross (lifeguarding)
- YMCA (lifeguard)

Date of Expiration: ____/____/____

Lifeguard (7) - Name

Accreditation:

- Red Cross (lifeguarding)
- YMCA (lifeguard)

Date of Expiration: ____/____/____

Lifeguard (8) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) Date of Expiration: ____/____/____
Lifeguard (9) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) Date of Expiration: ____/____/____
Lifeguard (10) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) Date of Expiration: ____/____/____
Lifeguard (11) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) Date of Expiration: ____/____/____
Lifeguard (12) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) Date of Expiration: ____/____/____
Lifeguard (13) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) Date of Expiration: ____/____/____

Lifeguard (14) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) Date of Expiration: ____/____/____
Lifeguard (15) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) Date of Expiration: ____/____/____
Lifeguard (16) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) Date of Expiration: ____/____/____
Lifeguard (17) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) Date of Expiration: ____/____/____
Lifeguard (18) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) Date of Expiration: ____/____/____
Lifeguard (19) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) Date of Expiration: ____/____/____
Lifeguard (20) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) Date of Expiration: ____/____/____

