

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES



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STATE OF MONTANA

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**FECAL/ ACCIDENT RESPONSE**

NAME OF ESTABLISHMENT: \_\_\_\_\_

License # \_\_\_\_\_ County: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

INFORMATION OF PATRON INVOLVED:

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DESCRIBE INCIDENT OR

INJURY: \_\_\_\_\_

FACILITY RESPONSE (SEE CDC GUIDELINES FOR FORMED STOOL OR DIARRHEAL  
RESPONSE): \_\_\_\_\_

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[http://www.cdc.gov/healthyswimming/pdf/fecal\\_accident\\_response\\_recommendations\\_for\\_pool\\_staff.pdf](http://www.cdc.gov/healthyswimming/pdf/fecal_accident_response_recommendations_for_pool_staff.pdf)

CPO SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE IN THE POOL DATA LOG. KEEP THIS FORM FOR 60 MONTHS IN A LOG BOOK.

Incidences include: Patrons needing First Aid Kit attention, slipping in the bathhouse or shower areas, slide accidents, hospitalizations.