

# SWIMMING POOL OPERATION RECORD

State Regulations require this record to be retained for six years.

Month \_\_\_\_\_ Year \_\_\_\_\_ Type of Pool: \_\_\_\_\_ Swimming \_\_\_\_\_ Wading \_\_\_\_\_ Spa \_\_\_\_\_ Flume \_\_\_\_\_

Name of Pool: \_\_\_\_\_

Disinfectant: \_\_\_\_\_ Chlorine \_\_\_\_\_ Bromine \_\_\_\_\_ Name of Certified Pool Perator: \_\_\_\_\_

Address: \_\_\_\_\_

DATE	SYSTEM OPERATION		Main Drain  Close pool if loose missing, or broken. Initial	WATER CHEMISTRY								pH	Alkalinity (ppm)	Cyanuric Acid (ppm)	Ca Hardness (ppm)	Water Temp. (F)	REMARKS (Include other occurrences such as equipment maintenance/malfunctions, any accidents, injuries, water added, additional chemicals added, cleaning, superchlorination, back wash, pool closure, etc.)
	Flow Rate (GPM)	Filter Pressure (PSI)		DISINFECTANT RESIDUAL													
				AM				PM									
				Time	Free	Comb.	Total	Time	Free	Comb.	Total						
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COMMENTS: \_\_\_\_\_

I certify this report is true and accurate.