

# SWIMMING POOL OPERATION RECORD

State Regulations require this record to be retained for 6 years.

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

Name of Pool: \_\_\_\_\_ Name of Certified Pool Perator: \_\_\_\_\_

Address: \_\_\_\_\_ Disinfectant: \_\_\_\_\_ Chlorine \_\_\_\_\_ Bromine \_\_\_\_\_

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

I certify this report is true and accurate.