

SWIMMING POOL OPERATION RECORD

Month _____ Year _____ Type of Pool: Swimming Wading Spa Flume

Name of Certified Pool Operator: _____

Name of Pool: _____

Address: _____ Disinfectant: Chlorine Bromine

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

DATE	SYSTEM OPERATION		CHEMICALS ADDED (lb/gal)			WATER CHEMISTRY								Covers, Grates & Mounting Rings Inspected Daily	REMARKS <i>(Include other occurrences such as equipment maintenance/malfunctions, any accidents, injuries, water added, additional chemicals added, cleaning, superchlorination, back wash, pool closure, etc.)</i>			
						DISINFECTANT RESIDUAL				pH	Alkalinity	Cyanuric Acid	Ca Hardness			Water Temperature		
	Flow Rate	Filter Pressure (PSI)	Disinfectant	Acid	Soda Ash	AM											PM	
					Time	Total	Free	*Comb.	Time	Total	Free	*Comb.						
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*Combined chlorine = total chlorine (DPD #3) minus free chlorine (DPD #1)

I certify this report is true and accurate:

Signature of Operator

Date of Signature