



SWIMMING POOL LOG

(MUST BE KEPT FOR ONE YEAR)



REPORT OF _____ POOL AT _____ FOR WEEK BEGINNING _____ 20____
 (NAME OF POOL) (MAILING ADDRESS)

DAY	NO. OF BATHERS	SUPERCHLORINATION		D.E. FILTER CAKE ADDED (POUNDS)	BOTTOM AND WALLS CLEANED	FRESH WATER ADDED (GALLONS)	TIME OF RECIRCULATION (HRS)	FLOW RATE (GPM)	FILTERS BACK WASHED				REMARKS: NOTE MAINTENANCE & MALFUNCTION OF EQUIPMENT, SHUT DOWN OF FILTERS OR DISINFECTING EQUIPMENT, POWER FAILURES, SICKNESS, INJURIES, OR UNUSUAL CONDITIONS
		PPM CL ₂	AMT. ADDED										
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													

GIVE NAME OF POWDERS OR SOLUTIONS USED FOR DISINFECTION _____

DAY	DAILY Spas 3X Pools 2X DISINFECTANT RESIDUAL			Spas 3X Pools 2X PH			WATER TEMP (°F)	WEEKLY				SAMPLE COLLECTED FOR BACT. TEST (DATE)	BACT. RESULT	CHEMICAL USAGE RECORD ALL CHEMICALS USED IN POUNDS/GALLONS				
	OPENING	MID SESSION	CLOSING	OPENING	MID SESSION	CLOSING		TOTAL CHLORINE 2X/week	CYANURIC ACID	ALKALINITY	CALCIUM HARDNESS			ACID	SODA ASH	ALGACIDE	OTHER	
SUNDAY																		
MONDAY																		
TUESDAY																		
WEDNESDAY																		
THURSDAY																		
FRIDAY																		
SATURDAY																		

SIGNED _____ (NAME) _____ (TITLE)