

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 Operator: _____

Address: _____

Disinfectant: _____Chlorine _____Bromine

DATE	SYSTEM OPERATION		Main Drain Close pool if loose missing, or broken. Initial	WATER CHEMISTRY										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								pH	Alkalinity (ppm)			Cyanuric Acid (ppm)	Ca Hardness (ppm)
				AM				PM									
				Time	Free	Comb.	Total	Time	Free	Comb.	Total						
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2																	
3																	
4																	
5																	
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COMMENTS: _____

I certify this report is true and accurate.

Signature of Operator _____

Date _____