

POOL

Public Swimming Pool Daily Record Sheet



Month / Year	Name of Pool:	Location – City
--------------	---------------	-----------------

Operator's Initials	Date	Daily Pre-Opening Tests					Total Alkalinity (1x / week)	Calcium Hardness (1x / wk)	Cyanuric Acid (1x / week)	TDS (Monthly)	Free Cl / Br Readings (1 or 4 hrs)						Backwashed - Clean Filters	Comments – 8 Chemical Added / Amount 8 Pool Problems 8 Mechanical Breakdowns 8 Swimmer Emergencies > (File Accident Report)
		Flow Rate - GPM	Main Drain Visible	Free Chlorine	Combined Cl	pH					Insert the Time the Test is Done (below)							
	1																	
	2																	
	3																	
	4																	
	5																	
	6																	
	7																	
	8																	
	9																	
	10																	
	11																	
	12																	
	13																	
	14																	
	15																	
	16																	
	17																	
	18																	
	19																	
	20																	
	21																	
	22																	
	23																	
	24																	
	25																	
	26																	
	27																	
	28																	
	29																	
	30																	
	31																	

Comments: _____

Swimming Pool Water Quality Parameters

	Min.	Ideal	Max.
Free Chlorine	0.8 ppm	1.5-3.0 ppm	5.0 ppm
Combined Chlorine	0	0	0.5 ppm
Bromine	3.0 ppm	3.0-5.0 ppm	8.0 ppm
pH	7.2	7.3-7.4	7.6
Total Alkalinity	70 ppm	80-120 ppm	180 ppm
Calcium Hardness	175 ppm	250-350 ppm	-
Cyanuric Acid	0	5-30 ppm	50 ppm

POOL

Public Swimming Pool Safety Checklist



Month / Year	License Number
Name of Facility	
Address	
Name of Operator	Phone

Monthly Safety Self-Inspection

<u>Item Checked</u>	<u>Maintenance Comments</u>
Pool & Enclosure	
? Fences – Openings < 4”, Good Repair	_____
? Doors & Gates – Self-Closes, Completely Latches, Good Condition	_____
? Window / Sliding Glass Door – Open < 4”	_____
? Deck Equipment – Good Condition, Fasteners and Fittings not corroded Ladders – Handrail tight, Rungs tight	_____
? Deck – Clean, Disinfected, Good Repair, No Puddles, Depth Markers Clean/Visible	_____
? Skimmers / Gutters / Tile Line – Clean, Good Repair Weir Gates In Place	_____
? Lighting – Maintained, Adequate	_____
? Safety Equipment – Provided, Good Repair First Aid Kit Stocked, Phone Working 12' Reach Pole, Life Ring with 30' Rope	_____
? Test Kit – Clean, Stocked w/ Fresh Reagents, Stored in Cool, Dry Location	_____
Recirculation Equipment	
? Pumps / Filter / Disinfectant Feeders/ Hair & Lint Strainer Maintained, Good Repair and Clean	_____
? Flow Meter – Working, Accurate / Clean 2X Month Check / Record Daily	_____
? Piping – No Leaks / All Pipes Marked / Exercise Valves Monthly / Heater Pop-Off Valves Monthly	_____

