BATHING PLACE OPERATION RECORD

Week of:

1. Facility Name/Tank Designation

2. Size Gallons Required Turnover Gallons/min. (MIN)

3. Bathing Load Maximum

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
4. Safety Equip. Checked (time)							
5. Pool Clean/Vacuumed (time)							
6. Floors/Decks Disinfected (time)							
7. No. of Patrons (daily)							
8. No. of Accidents (daily)							
9. No. of Guards/Attendants (daily)							
10. Pool Hours (Open/Closed)	/	/	/	/	/	/	/
FILTER TYPE:_____ SIZE:_____ sq. ft.							
11. Backwashed (time)							
12. Gauge Readings (influent/effluent)	/	/	/	/	/	/	/
13. Gallons Makeup Water Added							
14. Strainer Gauge Reading							
15. Flowmeter Reading (gpm)/temp (F)	/	/	/	/	/	/	/
CHEMICALS ADDED - AMT_____ BRAND OF FEEDER_____ KIND OF SANITIZER_____							
16. Chlorine_____ Bromine _____							
17. Soda Ash							
18. Muriatic Acid							
19. Sodium Bicarbonate							
20. Calcium Chloride							
21. Cyanuric Acid (stabilizer)							
22. Other							

REQUIRED TESTS - DAILY	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
23. Combined Chlorine (ppm - daily)							
24. Cyanuric Acid (Stabilizer) (ppm - daily)							
Enter: time/sanitizer reading pH	T S pH	T S pH	T S pH	T S pH	T S pH	T S pH	T S pH
25. First Test Series	/ /	/ /	/ /	/ /	/ /	/ /	/ /
26. Second Test Series	/ /	/ /	/ /	/ /	/ /	/ /	/ /
27. Third Test Series	/ /	/ /	/ /	/ /	/ /	/ /	/ /
28. Fourth Test Series	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Enter: time/turbidity/drain cover on	T Tu DC	T Tu DC	T Tu DC	T Tu DC	T Tu DC	T Tu DC	T Tu DC
29. First Observation Series	/ /	/ /	/ /	/ /	/ /	/ /	/ /
30. Second Observation Series	/ /	/ /	/ /	/ /	/ /	/ /	/ /
31. Third Observation Series	/ /	/ /	/ /	/ /	/ /	/ /	/ /
32. Fourth Observation Series	/ /	/ /	/ /	/ /	/ /	/ /	/ /

REQUIRED TESTS - WEEKLY (Minimum - Recommended Daily)

33. Total Alkalinity	37. Copper
34. Calcium Hardness	38. Iron
35. Water Balance pH	39. Total Dissolved Solids

36. Comments

CERTIFIED POOL OPERATOR Operator #

POOL MANAGER/OWNER Operator #

Signed:

RETAIN COPY THREE YEARS