

## Daily Records for Swimming Pools, Spa Pools and Other Water Features

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_ Date License Expires: \_\_\_\_\_

Check One: Swimming Pool \_\_\_\_\_ Wading Pool \_\_\_\_\_ Spa Pool \_\_\_\_\_ Water Feature \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Month and Year of this Report: Month \_\_\_\_\_ Year \_\_\_\_\_

Date: Write in date under day of week.		Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Fill in reading: Chlorine, pH, Temperature								
<b>Free Chlorine Reading Levels</b> Check as frequently as necessary in order to maintain: POOLS 1.0–5.0 PPM SPA POOLS 2.0-5.0 PPM WATER FEATURES 2.0-5.0 PPM  Closure of the facility is required for free chlorine readings below the minimum required concentrations, or above the maximum concentrations, listed above until such time the required operating parameters are met.	Time Level							
	Time Level							
	Time Level							
	Time Level							
	Time Level							
	Time Level							
<b>pH Reading Levels</b> Check as frequently as necessary in order to maintain between 7.0-8.0  Closure of the facility is required for pH readings below 7.0 or above 8.0 until such time the required operating parameters are met.	Time Level							
	Time Level							
	Time Level							
	Time Level							
	Time Level							
	Time Level							
<b>Temperature Reading Levels</b> For spas and heated facilities check multiple times daily. Maintain below 104°F.	Time Level							
	Time Level							
	Time Level							
	Time Level							
	Time Level							
	Time Level							

(CONTINUED ON BACK)

Date: Write in date under of week.	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Activity: Performed at least once per day							
The Pool Cleaned by Vacuum/Brushes (time)							
The Decks Were Cleaned (time)							
The Gutters/ Skimmers Were Cleaned (time)							
The Filters Were Backwashed (time) (Perform as often as is needed)							
The Hair Strainer Was Cleaned (time)							
The Chlorinator Was Checked for Chlorine (time)							

**Check these levels at least once each week or more frequently as necessary**

Total Alkalinity Reading (Maintain between 80ppm-180ppm)							
Calcium Hardness Reading Level							
Stabilizer Reading Level							

**Remarks: Note adjustments and chemicals added and amounts, sanitizer, pH increaser/decreaser, shock chlorination, algaecides, stabilizers, etc. Report all accidents, injuries, fecal/vomit incidents, and infections, and how they occurred. Also, report any unusual happenings, such as chlorinator and equipment malfunctions, pool drained, etc. For any accidents involving fecal material or vomit being introduced into the water, the facility must be immediately closed. Before reopening, the facility manager shall at a minimum take the steps listed in Section 7.72.121 of the City Code for decontamination following a fecal or vomit accident. Complete the required FECAL AND VOMIT ACCIDENT REPORT FOR SWIMMING POOLS, SPA POOLS, AND OTHER WATER FEATURES on the provided form and attach a copy to this form. Submit a copy of the FECAL AND VOMIT ACCIDENT REPORT to the department of Environmental Services.**

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