

Name of Pool:				Operator:			
Week of:		Year:		Emergency Phone Number:			

Day		pH	Chlorine Residual * (<30°) Min 0.5 ppm unstabilized Min 1.0 ppm stabilized		Combined Chlorine	Alkalinity	Calcium Hardness	Cyanuric Acid	Temperature	Flow Rate	Filter Backwashed	Hair Strainer Cleaned	Basin Vacuumed	Water Clear	Initial
		(7.2 – 7.8)	Free (ppm)	Total (ppm)	(<1.0 ppm)	(80–120 ppm)	(180-220 ppm)	(<80 ppm)	Pool - Max 37°C Hot Tub-Max 40 °C	USGPM	minutes	Yes/No	Yes/No	Yes/No	
Monday	am								am			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	pm								pm			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tuesday	am								am			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	pm								pm			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wednesday	am								am			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	pm								pm			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Thursday	am								am			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	pm								pm			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Friday	am								am			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	pm								pm			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Saturday	am								am			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	pm								pm			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sunday	am								am			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	pm								pm			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Chemical Record		
Date	Chemical Added / Product Name	Amount Added (show units)

Date	Comments (include accidents, equipment failures, shutdowns, repairs, ground fault tests, closures, etc.)

* Upper target for chlorine residual should be 5.0 ppm. Pool should be closed when chlorine > 10.0 ppm
 * For pool temperatures >30°C Chlorine Residual: Min 1.5 ppm unstabilized; Min 2.0 ppm stabilized