

Pool Daily Records

POOL DAILY RECORDS							
Check one box and write in today's date	<input type="checkbox"/> Monday MM/DD/YY	<input type="checkbox"/> Tuesday MM/DD/YY	<input type="checkbox"/> Wednesday MM/DD/YY	<input type="checkbox"/> Thursday MM/DD/YY	<input type="checkbox"/> Friday MM/DD/YY	<input type="checkbox"/> Saturday MM/DD/YY	<input type="checkbox"/> Sunday MM/DD/YY
Hours of Operations	Open: am/pm	Open: am/pm	Open: am/pm	Open: am/pm	Open: am/pm	Open: am/pm	Open: am/pm
	Close: am/pm	Close: am/pm	Close: am/pm	Close: am/pm	Close: am/pm	Close: am/pm	Close: am/pm

POOL WATER TESTS												
Every 2 hour test without sensing device OR Every 4 hour test with an automatic sensing device												
1/2 hr. before opening	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
Total Alkalinity (80 ppm – 120 ppm)												
pH (7.2 -7.8)												
Free Available Chlorine (FAC) <i>check one box</i> → <input type="checkbox"/> WITHOUT Cyanurate Acid (CYA) <input type="checkbox"/> WITH Cyanurate Acid (CYA)												
Without CYA (0.5 -10 ppm)												
With CYA (1.0-10 ppm)												
Total Chlorine												
Total Bromine (2.0 ppm – 4.0 ppm)												
Water Clarity												
Operator's Initials												

OTHER DAILY RECORDS				
Every 2 hour test without sensing device OR Every 4 hour test with an automatic sensing device				
Emergency Telephone	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date MM/DD/YY	Operator's Signature
Ground Fault Interrupter	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date MM/DD/YY	Operator's Signature
First Aid Kit	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date MM/DD/YY	Operator's Signature
Non-conducting Reaching Pole	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date MM/DD/YY	Operator's Signature
2 Buoyant throwing aids with adequate rope	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date MM/DD/YY	Operator's Signature
Spine Board	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date MM/DD/YY	Operator's Signature

Estimate # of Bathers during operation:	Make-up water meter reading end of the day:	Make- up water added: <input type="checkbox"/> No <input type="checkbox"/> Yes - Amount: _____	Oxidation Reduction Potential value (if applicable): _____ mV
Records of emergency breakdown, rescue equipment breakdown, back washing, chemical added manually, cleaning, etc.			

