

MONTH _____

NAME OF POOL OPERATOR _____
 NAME OF POOL OR WHIRLPOOL _____

Operation Report for Pools and Whirlpools with Controllers

Date	Daily		Daily	Daily	Daily	Daily		Daily	Weekly	Twice per week	As indicated	As indicated	Initials	
	Water Appearance***		Water Temp	Flowmeter Reading (gpm)***	Pressure Gauge Reading***	pH		Free Chlorine or Bromine (ppm)	ORP (mV)	Total Alkalinity (ppm)	Combined Chlorine (ppm)	Corrective Actions (include breakpoint chlorination and/or backwashing) or Comments		Fecal incidents, illness, injury, or death reported
	Clear	Turbid				AM	PM***	AM	PM***					
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*Liquid chemical feed must stop when power is interrupted to recirculation pump, when emergency stop button is pushed, and for pool built after February 1, 2009, any time the flow of the water through the recirculation system stops. Anti-entrapment systems must work properly to stop the pump.

**Safety equipment includes first aid kit and biohazard kit, blankets for most whirlpools, and telephone; more info is in ATCP 76.26-27.

***Not required by state code. Code requires pools and whirlpool with controller to test *once* daily.

Monthly Checklist	Completed
Interlock Testing	<input type="checkbox"/>
Anti-entrapment system testing	<input type="checkbox"/>
Safety Equipment** Check	<input type="checkbox"/>