

SWIMMING POOL LOG
(MUST BE KEPT FOR ONE YEAR)

POOL NAME: _____
 FOR WEEK BEGINNING _____ 20____

DAY	DAILY – Must be taken within one-half hour of opening and at intervals not exceeding four hours until pool closing time. CLARITY -IS THE MAIN DRAIN CLEARLY VISIBLE? CIRCLE [Y]ES OR [N]O FOR EACH TIME FRAME. *BOTH THE MANUAL TEST RESULTS AND AUTOMATED READINGS SHOULD BE RECORDED FOR EACH REQUIRED TIME FRAME.																			
	TIME	*DISINFECTANT	pH	CLARITY	INITIALS	TIME	*DISINFECTANT	pH	CLARITY	INITIALS	TIME	*DISINFECTANT	pH	CLARITY	INITIALS	TIME	*DISINFECTANT	pH	CLARITY	INITIALS
SUN		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
MON		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
TUES		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
WED		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
THURS		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
FRI		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
SAT		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	

WEEKLY			
TEST	DATE TAKEN	RESULT	INITIALS
COMBINED CHLORINE			
CYANURIC ACID			
ALKALINTY			
CALCIUM HARDNESS			

TESTING LEVELS AND RECORDING INSTRUCTIONS			
DISINFECTANT RESIDUAL	MINIMUM	PREFERRED	MAXIMUM
CHLORINE	0.6 ppm	1.0 – 8.0 ppm	8.0 ppm
BROMINE	1.0 ppm	2.0 – 18.0 ppm	18.0 ppm
pH	6.8	7.2 – 7.8	8.2
ORP READING	650 mV	700 – 800 mV	880 mV
CYANURIC ACID	10 ppm	20-30 ppm	80 ppm

THE POOL SHALL BE CLOSED IF BELOW THE MIN LEVELS OR IF MAX LEVELS ARE EXCEEDED OR AT ANY TIME THAT THE MAIN DRAIN IS NOT VISIBLE.

RECORD ALL MAINTENANCE ACTIVITIES:

	SUN	MON	TUE	WED	THU	FRI	SAT	SUN
BACKWASHED								
CHEMICALS ADDED								
VACUUMED								
POOL CLOSED								

MONTHLY (IF THERE IS A POSITIVE COLIFORM BACTERIA TEST, PLEASE CONTACT XXXXX COUNTY ENVIRONMENTAL HEALTH AT 515-XXX-XXXX)			
TEST	DATE TAKEN	RESULT	INITIALS
COLIFORM BACTERIA		POS / NEG	
FUNCTIONING GFCI OUTLETS		YES / NO	
FUNCTIONING SVRS		YES / NO/ NA	

I certify that under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and accurate.

Certified Pool Operator: _____

Date: _____

