

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 TME 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:

| MONTHLY (IF THERE IS A POSITIVE COLIFORM BACTERIA TEST, PLEASE CONTACT FLOYD COUNTY ENVIRONMENTAL HEALTH AT (641-257-6145)) | | | |
|---|------------|--------------|----------|
| TEST | DATE TAKEN | RESULT | INITIALS |
| COLIFORM BACTERIA | | POS / NEG | |
| FUNCTIONING GFCI OUTLETS | | YES / NO | |
| FUNCTIONING SVRS | | YES / NO/ NA | |

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

