

Swimming Pool Operation Record

State regulations require this record to be retained for six years.



Month: _____ Year: _____ Type of Pool: Swimming Wading Spa Flume

Name of Pool: _____ Name of Certified Pool Operator: _____

Address: _____ Disinfectant: Chlorine Bromine

Date	System Operation		Main Drain Close pool if loose missing, or broken. Initial	Disinfectant Residual				Water Chemistry				Water Temp. (F)	Maintenance Remarks Include occurrences such as equipment maintenance/malfunctions, accidents, injuries, water added, additional chemicals added, cleaning, superchlorination, back wash, pool closure, etc.
	Flow Rate (GPM)	Filter Pressure (PSI)		Time	Free	Comb.	Total	pH	Alkalinity (ppm)	Cyanuric Acid (ppm)	Interlock Check		
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Comments: _____

I certify this report is true and accurate.