

SWIMMING POOL LOG
(MUST BE KEPT FOR ONE YEAR)

POOL NAME: _____
 FOR WEEK BEGINNING _____ 20

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 –Closed if no.
***BOTH THE MANUAL TEST RESULTS AND ORP/PH CONTROLLER READINGS SHOULD BE RECORDED FOR EACH REQUIRED TME FRAME.**

DAY	TIME	FC/BR	pH	CLARITY	INITIALS	TIME	FC/BR	pH	CLARITY	INITIALS	TIME	FC/BR	pH	CLARITY	INITIALS	FC/BR	pH	CLARITY	INITIALS		
		---	---				---	---				---	---			---	---			---	---
		ORP	pH Controller					ORP	pH Controller					ORP	pH Controller			ORP	pH Controller		
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			

TESTING LEVELS AND RECORDING INSTRUCTIONS			
DISINFECTANT RESIDUAL	CLOSURE LEVELS	OPERATING RANGE	CLOSURE LEVELS
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 – 880 mV	> 880 mV
CYANURIC ACID (Outdoor Pools Only)	N/A	40 ppm or less	> 80 ppm (must be at 40 ppm or less to reopen pool)

THE POOL SHALL BE CLOSED IF DISINFECTION LEVELS REACH THE CLOSURE LEVELS LISTED ABOVE OR AT ANY TIME THAT THE MAIN DRAIN IS NOT VISIBLE.

MONTHLY (IF THERE IS A POSITIVE COLIFORM BACTERIA TEST, PLEASE CONTACT INSPECTION AGENCY AT 515-XXX-XXXX.)			
TEST	DATE TAKEN	RESULT	INITIALS
CALCIUM HARDNESS			
COLIFORM BACTERIA		POS / NEG	
FUNCTIONING GFCI OUTLETS		YES / NO	
FUNCTIONING SVRS		YES / NO/ NA	

RECORD ALL MAINTENANCE ACTIVITIES								
	SUN	MON	TUE	WED	THU	FRI	SAT	SUN
BACKWASHED								
CHEMICALS ADDED								
VACUUMED								
POOL CLOSED								

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: _____

