

**SWIMMING POOL LOG**  
**(MUST BE KEPT FOR ONE YEAR)**

POOL NAME: \_\_\_\_\_  
 FOR WEEK BEGINNING \_\_\_\_\_ 20\_\_\_\_

| DAY   | <b>DAILY</b> – Must be taken within one-half hour of opening and at intervals not exceeding four hours until pool closing time. <b>CLARITY</b> -IS THE MAIN DRAIN CLEARLY VISIBLE? CIRCLE [Y]ES OR [N]O FOR EACH TIME FRAME.<br><b>*BOTH THE MANUAL TEST RESULTS AND AUTOMATED READINGS SHOULD BE RECORDED FOR EACH REQUIRED TIME FRAME.</b> |               |     |         |          |      |               |     |         |          |      |               |     |         |          |      |               |     |         |          |
|-------|--|---------------|-----|---------|----------|------|---------------|-----|---------|----------|------|---------------|-----|---------|----------|------|---------------|-----|---------|----------|
|       | 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.**

| 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 |          |

| 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: \_\_\_\_\_

