☐ **SWIMMING POOL** ☐ **WHIRLPOOL** ☐ **OTHER** _____

(Use a separate form for each pool.)

LICENSE ID # _____

NAME OF FACILITY: _____

MONTH/YEAR: _____

Instructions: All information must be filled in daily and signed by the person in charge.

Patron Loading: Columns must show the maximum number of patrons using the pool at any one time and the total number of patrons for the entire day.

Water Appearance: Place an X in the clear or turbid column.

Filter Backwash: Place a "B" in the column for any day the filter is backwashed.

Cartridge Fliter Cleaned/Changed: Place a "C" in the column for any day the cartridge filter is cleaned or changed.

Whirlpool Drained: Place a "D" in the column for any day the whirlpool is drained.

Chemical Control: Enter pH and chlorine/bromine test readings. Test swimming pools at least twice daily and whirlpools at least four times daily. Enter the amount of each chemical used as lbs. or gals.

Signature: Must be signed daily by the person responsible for the operation of the pool.

Day of Mo.	Patron Loading		Water Appearance		Water Temperature	Pressure Gauge Reading	Flowmeter Reading	Filter Backwashed (B) Cartridge Change/Cl (C) Whirlpool Drained (D)	CHEMICAL CONTROL													Signature of Person Responsible for Pool Operation
									AM				PM				Combined Chlorine	Alkalinity	Other Chemicals Used (Acid, Soda ash, Oxidizer, Bicarb, etc.)		Super Oxidation	
									Free Chlorine Bromine Reading		pH Reading		Free Chlorine/ Bromine Reading		pH Reading							
	Max.	Total	Clear	Turbid		PSI	GPM		1	2	1	2	3	4	3	4	PPM	PPM	Name	Quantity	PPM	
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2																						
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WAUKESHA COUNTY
Environmental Health Division
515 W. Moreland Blvd., AC 260
Waukesha WI 53188

Phone: (262) 896-8300
Fax: (262) 896-8298

MONTHLY REPORT ON SWIMMING POOL OPERATION

Chapter HSS 172 of the Wisconsin Administrative Code requires that Monthly Reports on the operation of swimming pools be submitted to the Department. The pool operator or person in charge shall fill in the data indicated on the report as completely as possible.

SEND REPORTS TO: Waukesha County
Environmental Health Division
515 W. Moreland Blvd., AC 260
Waukesha WI 53188

Name of Pool	Address	Operator

1) The following items should be checked regularly to assure that they are being properly maintained: (Place an X if equipment is on hand and properly maintained.)

☐ First Aid Kit (24 unit) ☐ DPD Test Kit ☐ Two (2) Blankets ☐ Spine Board with Straps

☐ Handrails or Grabrails ☐ Shepherd's Crook or Ring Buoy ☐ Depth Markings ☐ Safety Line ☐ Lifeguard Chair

2) **PLEASE NOTE ANY CHANGE IN EQUIPMENT:** (All equipment must be NSF approved or equivalent. If you have any questions regarding approved equipment, please call Waukesha County Environmental Health (262 896-8300 before installation.

Item _____ Manufacturer _____

Model # _____ Installed by _____ Date _____

3) Is there a new person responsible for pool maintenance?

Yes ☐ If so, please contact Waukesha County Environmental Health (262) 896-8300.

4) Are Lifeguards on duty?

Yes ☐ How many? _____

REMARKS: Please comment on any unusual occurrence(s) and actions to correct conditions and chemical levels that do not comply with code requirements:

Signature _____ Title _____ Date _____

E02-2005