## **DEPARTMENT OF HEALTH & FAMILY SERVICES**

Division of Public Health DPH 7029 (3/02)

## STATE OF WISCONSIN

Bureau of Environmental Health HFS 172, Wis. Admin. Code

## MONTHLY REPORT ON SWIMMING POOL OPERATION

Chapter HFS 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 REPORT TO:** The State Division of Public Health Regional Office, or

Your Local Agent Health Department

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 your regional or local health department before installation.)												
Item		Manufacturer										
Model #	Installed by		Date									
3) Is there a new person respor  Yes Name of person  If so, please contact your rec	nsible for pool maintenance?  gional or local agent health department.		e lifeguards on duty? Yes How many? No	5) Lifeguard Staffing Plan  Yes No								
6) Illness or Injury?	pe of illness or injury, date and outcome.											
REMARKS: Please comment on any unusual occurrence(s) and actions to correct conditions and chemical levels that do not comply with code requirements:												
Signature	Tit	e	D	ate								

(USE A S	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 FILTER 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.																					
PATRON																						
FILTER I																						
or gals.	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.																					
						35	ING	(B) (C)	CHEMICAL CONTROL													
544.65	PATRON LOADING									A	M			PM								
DAY OF MO.			WATER APPEARANCE		WATER TEMPERATURE	PRESSURE GAUGE READING	FLOWMETER READING	FILTER BACKWASHED ( CARTRIDGE CHGE/CL (( WHIRLPOOL DRAINED)	Free Chlorine Bromine Reading		pH Reading		Free Chlorine Bromine Reading		pH Reading		COMBINED	ALKALINITY	OTHER CHEMICALS USED (Acid, Soda Ash, Oxidizer, Bicarb, etc.)		SUPER OXIDATION	SIGNATURE OF PERSON RESPONSIBLE FOR POOL OPERATION
	Max.	24 hr. Total	Clear	Turbid	Т	PSI	GPM	FILTEF CARTF WHIRL	1	2	1	2	3	4	3	4	PPM	PPM	NAME	QUANTITY	PPM	
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2																						
3																						
4 5																						
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☐ OTHER \_\_\_\_\_

☐ SWIMMING POOL

☐ WHIRLPOOL

TYPE OF DISINFECTANT USED \_\_\_\_\_