F-fd-100 (New 02/2022)

Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Food and Recreational Safety
P.O. Box 8911, Madison, WI 53708-8911

NAME OF POOL_____

Operation Report for Pools and Whirlpools with Controllers

Wis. Admin Code § ATCP 78.07

Date	Daily	Daily	Daily	Once per Week	Twice per Week	Once per Week if used	Monthly	Monthly	As Indicated	As Indicated	As Indicated	Initials
	Water Temp (F)	pH***	Free Chlorine or Bromine*** (ppm)	Total Alkalinity (ppm)	Combined Chlorine (ppm)	Cyanuric Acid (ppm)	Monthly Pump Safety* check(s) Completed (check box)	Monthly Safety Equipment** Check Completed (check box)	Backwashing completed when pressure indicates (check box)	Fecal incidents recorded; Death, Illness, Injury Reported as required (check box)	Corrective Actions Taken or Comments-brief (use back of sheet if needed)	

*Liquid chemical feed must stop when power is interrupted to recirculation pump, when emergency stop button is pushed, and for pools built after February 1, 2009, any time the flow of water through the recirculation system stops. Anti-entrapment systems, if present must function to stop pumps. **Safety equipment includes first aid kit and biohazard kit, blankets for most whirlpools, and telephone.***Test before opening, and another time during use.

Personally identifiable information you provide may be used for purposes other than that for which it was collected. *(Wis. Stat. § 15.04 (1)(m)).*