MONTHLY REPORT ON SWIMMING POOL OPERATION

Chapter DHS 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 as Requested

Name of Pool:	Address:		Operator:	
 The following items should k maintained.) 	be checked regularly to assure that they are	e being properly maintained: (Pla	ce an X if equipment is o	on hand and properly
First Aid Kit (24 unit)	DPD Test Kit Shepherd's Crook and Ring Buoy	Two (2) Blankets		Emergency Phone (test) Jard Chair
	GE IN EQUIPMENT: (All equipment mus regional or local health department before		If you have any questic	ons regarding approved
Item		Manufacturer		
Model #	Installed by			Date
·	nsible for pool maintenance? gional or local agent health department.	4) AI	re lifeguards on duty? Yes How many? No	5) Lifeguard Staffing Plan
6) Illness or Injury?	If yes, please state type of illness or in	ijury, date and outcome.		
RFMARKS : Please comment of	on any unusual occurrence(s) and actions t	o correct conditions and chemical	levels that do not compl	v with code requirements:

Signature _____

	SWIMMING POOL		WHIRLPOOL							
(USE A SEPARATE FORM FOR EACH POOL)										

	OTHER

TYPE OF DISINFECTANT USED _____

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.

WATER ATTRACTION AND/OR SLIDE INSPECTION: Place an "I" in the column after performing the daily inspection and operation test.

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.

CHEMICAL CONTROL: Enter pH and chlorine/bromine/ORP test readings. Test swimming pools at least twice daily and whirlpools at four times daily. If an ORP with a digital read out is used, then only 1 test is required. Record combined chlorine, alkalinity, and cyanuric acid as required. 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.

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