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 Lincoln County Health Department, 607 N Sales Street, Suite 101, Merrill, WI 54452
Phone Number: 715-536-0307

Pool Facility:	Address:	Оре	erator:										
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 respo Yes Name of person If so, please contact your re	nsible for pool maintenance? gional or local agent health department.	' 	guards on duty? How many?	5) Lifeguard S	Staffing Plan								
6) Illness or Injury?	ype 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	Title		Date										

	MONTH/YEAR																					
PATRON WATER I FILTER I CARTRI WHIRLE CHEMIC or gals.	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. 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.																					
								(0)	CHEMICAL CONTROL													
							G			A	M				PM							1
DAY OF MO.			WATER APPEARANCE		WATER TEMPERATURE	PRESSURE GAUGE READING	FLOWMETER READING	FILTER BACKWASHED (B) CARTRIDGE CHGE/CL (C) WHIRLPOOL DRAINED (D) (I	Free Chlorine Bromine Reading		рН		Free Chlor ine Brom ine Read ing		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		PSI	⊑ GPM	FILT CAF WHIRI	1	2	1	2	3	4	3	4	PP M	PPM	NAME	QUANTITY	PPM	
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2																						
3																						
4																						
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30																						
- 24																						

☐ OTHER _____

☐ SWIMMING POOL

(USE A SEPARATE FORM FOR EACH POOL)

☐ WHIRLPOOL

TYPE OF DISINFECTANT USED _____