

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
PUBLIC BATHING PLACE PROGRAM

**Monthly Swimming Area Report for Beaches**

Name of Facility: \_\_\_\_\_ Month \_\_\_\_\_  
 Location: \_\_\_\_\_ Year: \_\_\_\_\_

Day	Number of Bathers	Bacteriological Sample Results	Samples Taken By:	Water Conditions	Weather Conditions	Reason Beach Closed
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Number of Lifeguards: VARIES FROM \_\_\_\_\_ TO \_\_\_\_\_

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_