

Name of facility \_\_\_\_\_ Address of site \_\_\_\_\_

Permit No. \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Pool Spa Beach Cap.in gal. \_\_\_\_\_

USE DATA		RESIDUAL CHLORINE, BROMINE, pH						OPERATIONAL DATA				Cl & Br USE	CHEMICALS USED	PESTICIDE APPLICATION RECORDS			APPLICATOR
Day of the mo.	Number of bathers	A.M. Shallow End	A.M. Deep End	P.M. Shallow End	P.M. Deep End	A.M. pH	P.M. pH	Flow rate GPM	Gals. Water added	Back-wash /Clean Filter	Clean bottom and sides?	D Hypo-Cl D Cl GAS D Bromine	Soda-ash, acid, water conditioner, algaecide, muratic acid, etc.	Pesticide Name & Formulation	EPA Reg. #	Amount Applied	Initials of Applicator
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																	

**On the reverse side the following incidents must be noted:**

Circulation pump off at **any time**; Fecal release in pool; Accident/Injury/Death at pool; Cloudy water; Positive bacteriology report; Failure of any essential disinfection or circulation component; Pool drained.

**if pool/spa closed, mark it on the report. Keep application records for 3 years.** Check Free Chlorine and pH a minimum of twice daily (Am & Pm) and record on this form. It is recommended that you complete the other columns.