

Report on Operation of Swimming Pool

Name of Pool _____

at _____

(name of city, village or town in which pool is located)

County _____

For Month of _____ 20____

Date	Filter Washed Check	Pool Cleaned Check	Total Number of Bathers	Chlorine Used lbs/day <input type="checkbox"/> gals/day - crock <input type="checkbox"/>	Disinfection									Alkalinity mg/l CaCO ₃	pH	Pool Drain Visible Check	Acid <input type="checkbox"/> quarts <input type="checkbox"/> pounds	Soda Ash (pounds)	Other	Remarks
					Residual mg/l <input type="checkbox"/> Chlorine <input type="checkbox"/> Bromine															
					1st Test			2nd Test			3rd Test									
					Time	Free	Total	Time	Free	Total	Time	Free	Total							
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2																				
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Source of Water _____

*Pints of _____ % chlorine in _____ gallons of water

Operator's Signature _____

Date _____

At the end of each month, mail completed report to:

Please see reverse side for important instructions

Swimming Pool Disinfection Instructions

1. The swimming pool disinfectant residual must be checked at least three times (3x) a day, especially before and after periods of heavy bathing.
2. The minimum disinfectant residuals to properly disinfect a pool are stated in Section 6-1.11(c) of Subpart 6-1 of the New York State Sanitary Code. Spa disinfectant residuals are stated in Section 6-1.25(c). A summary of the chlorine/bromine residuals are as follows:

For a pH range of 7.2-7.8
(ideal pH approximately 7.5):

minimum concentration of .6 mg/l free chlorine residuals (spas - 1.5 mg/l free chlorine residual);
maximum concentration of 5 mg/l free chlorine residual .

minimum concentration of 1.5 mg/l bromine residual (spas - 3.0 mg/l); maximum concentration of 6 mg/l bromine residual.

For a pH range of 7.8 - 8.2:

minimum concentration of 1.5 mg/l free chlorine residual.

Use of chlorine compounds containing cyanuric acid is not acceptable.

Chlorine and bromide levels must be measured by the DPD method.

3. The chlorine sample should be taken between the pool inlet and outlet, at approximately a 12" depth.
4. Note in the remarks column any unusual circumstances; i.e., pump failure, reason for pump and filter not operating, testing of ground fault interrupter, if applicable, and cloudiness of pool water, etc.
5. The county or district health department must be immediately notified of any change in equipment, interruption in treatment, loss of water clarity, or serious injury.