

SWIMMING POOL LOG

(MUST BE KEPT FOR ONE YEAR)

POOL NAME: _____

FOR WEEK BEGINNING

20

DAILY – Must be taken within one-half hour of opening and at intervals not exceeding four hours until pool closing time. **CLARITY**–Is the main drain clearly visible? CIRCLE [Y]ES OR [N]O –Closed if no.
***BOTH THE MANUAL TEST RESULTS AND ORP/PH CONTROLLER READINGS SHOULD BE RECORDED FOR EACH REQUIRED TIME FRAME.**

| DAY | TIME | FC/BR --- | pH --- | CLARITY | INITIALS | TIME | FC/BR --- | pH --- | CLARITY | INITIALS | TIME | FC/BR --- | pH --- | CLARITY | INITIALS | TIME | FC/BR --- | pH --- | CLARITY | INITIALS |
|-------|------|--------------|------------------|---------|----------|------|--------------|------------------|---------|----------|------|--------------|------------------|---------|----------|------|--------------|------------------|---------|----------|
| | | ORP | pH Controller | | | | ORP | pH Controller | | | | ORP | pH Controller | | | | ORP | pH Controller | | |
| SUN | | --- | --- | Y / N | | | --- | --- | Y / N | | | --- | --- | Y / N | | | --- | --- | Y / N | |
| MON | | --- | --- | Y / N | | | --- | --- | Y / N | | | --- | --- | Y / N | | | --- | --- | Y / N | |
| TUES | | --- | --- | Y / N | | | --- | --- | Y / N | | | --- | --- | Y / N | | | --- | --- | Y / N | |
| WED | | --- | --- | Y / N | | | --- | --- | Y / N | | | --- | --- | Y / N | | | --- | --- | Y / N | |
| THURS | | --- | --- | Y / N | | | --- | --- | Y / N | | | --- | --- | Y / N | | | --- | --- | Y / N | |
| FRI | | --- | --- | Y / N | | | --- | --- | Y / N | | | --- | --- | Y / N | | | --- | --- | Y / N | |
| SAT | | --- | --- | Y / N | | | --- | --- | Y / N | | | --- | --- | Y / N | | | --- | --- | Y / N | |

| TEST | WEEKLY | | |
|-------------------|------------|--------|----------|
| | DATE TAKEN | RESULT | INITIALS |
| COMBINED CHLORINE | | | |
| CYANURIC ACID | | | |
| ALKALINTY | | | |

| TESTING LEVELS AND RECORDING INSTRUCTIONS | | | |
|---|----------------|-----------------|---|
| DISINFECTANT RESIDUAL | CLOSURE LEVELS | OPERATING RANGE | CLOSURE LEVELS |
| CHLORINE | < 0.6 ppm | 1.0 – 8.0 ppm | > 8.0 ppm |
| BROMINE | < 1.0 ppm | 2.0 – 18.0 ppm | > 18.0 ppm |
| pH | < 6.8 | 7.2 – 7.8 | > 8.2 |
| ORP READING | < 650 mV | 700 – 880 mV | > 880 mV |
| CYANURIC ACID (Outdoor Pools Only) | N/A | 40 ppm or less | > 80 ppm (must be at 40 ppm or less to reopen pool) |

THE POOL SHALL BE CLOSED IF DISINFECTION LEVELS REACH THE CLOSURE LEVELS LISTED ABOVE OR AT ANY TIME THAT THE MAIN DRAIN IS NOT VISIBLE.

RECORD ALL MAINTENANCE ACTIVITIES

| | SUN | MON | TUE | WED | THU | FRI | SAT | SUN |
|-----------------|-----|-----|-----|-----|-----|-----|-----|-----|
| BACKWASHED | | | | | | | | |
| CHEMICALS ADDED | | | | | | | | |
| VACUUMED | | | | | | | | |
| POOL CLOSED | | | | | | | | |

| TEST | MONTHLY (IF THERE IS A POSITIVE COLIFORM BACTERIA TEST, PLEASE CONTACT INSPECTION AGENCY AT 319-892-6000) | | |
|--------------------------|---|--------------|----------|
| | DATE TAKEN | RESULT | INITIALS |
| CALCIUM HARDNESS | | | |
| COLIFORM BACTERIA | | POS / NEG | |
| FUNCTIONING GFCI OUTLETS | | YES / NO | |
| FUNCTIONING SVRS | | YES / NO/ NA | |

I certify that under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and accurate.

Certified Pool Operator: _____

Date: _____

