

Name of Pool:
Location:
Certified Operator:

**Worcester County Health Department
Swimming Pool Operating Record
Semi-Public Pool 3 Times Per Day Testing**

Readings taken by: _____

Week Beginning _____ 20____		SUN	MON	TUES	WED	THURS	FRI	SAT
Prior to Opening	Free available chlorine or total bromine							
	Combined chlorine							
	pH							
	Clarity							
	Water temperature (If heated)							
	Rate of Flow							
	Filter Influent/Effluent Pressure							
	Pump Vacuum							
Between 12:00 Noon and 2:00 P.M.	Free available chlorine or total bromine							
	Combined chlorine							
	pH							
	Clarity							
	Water temperature (If heated)							
	Rate of Flow							
	Filter Influent/Effluent Pressure							
	Pump Vacuum							
2 Hours Prior to Closing	Free available chlorine or total bromine							
	Combined chlorine							
	pH							
	Clarity							
	Water temperature (If heated)							
	Rate of Flow							
	Filter Influent/Effluent Pressure							
	Pump Vacuum							
Once Each Day	Total No. of Bathers							
	Time of Filter Backwash							
	Chemicals Added							
	Malfunctioning or Broken Equipment							
Once Each Week	Injury or Accident							
	Total Alkalinity							
	Calcium Hardness							
	Cyanuric Acid (If used)							

Remarks: (Accidents, Chemicals Added, Etc.)

Disinfectant used:

- Gas Chlorine
- Sodium Hypochlorite
- Calcium Hypochlorite
- Lithium Hypochlorite
- Ozone
- Bromine
- Other: _____

