

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		SUN	MON	TUES	WED	THURS	FRI	SAT
Prior to Opening	Free available chlorine or total							
	Combined chlorine							
	pH							
	Clarity							
	Water temperature (If heated)							
	Rate of Flow							
	Filter Influent/Effluent Pressure							
	Pump Vacuum							
	Total No. of Bathers							
Between 12:00 Noon and 2:00 P.M.	Free available chlorine or total							
	Combined chlorine							
	pH							
	Clarity							
	Water temperature (If heated)							
	Rate of Flow							
	Filter Influent/Effluent Pressure							
	Pump Vacuum							
	Total No. of Bathers							
2 Hours Prior to Closing	Free available chlorine or total							
	Combined chlorine							
	pH							
	Clarity							
	Water temperature (If heated)							
	Rate of Flow							
	Filter Influent/Effluent Pressure							
	Pump Vacuum							
	Total No. of Bathers							
Once Each Day	Time of Filter Backwash							
	Chemicals Added							
	Malfunctioning or Broken Equipment							
	Injury or Accident							
Once Each Week	Total Alkalinity							
	Calcium Hardness							
	Cyanuric Acid (If used)							
Remarks: (Accidents, Chemicals Added, Etc.)					Disinfectant used:			
					Sodium Hypochlorite <input type="checkbox"/>			
					Calcium Hypochlorite <input type="checkbox"/>			
					Ozone <input type="checkbox"/>			
					Bromine <input type="checkbox"/>			
Other:								