

DAILY POOL RECORDS

NAME OF POOL _____

LOCATION _____

WEEK BEGINNING _____

POOL TYPE: ___SWIMMING POOL ___WADING POOL ___SPA ___OTHER

DAY	A.M. READING		P.M. READING		Total Alkalinity	Cyanuric Acid	Water Temperature Flow Rate GPM
	Chlorine Or Other Disinfectant	pH	Chlorine or Other Disinfectant	pH			
SUN.							
MON.							
TUES.							
WED.							
THURS.							
FRI.							
SAT.							

REMARKS: List action taken (e.g. chemicals added, backwash, water, algicides, super chlorination, total alkalinity, stablizers, etc.)

SUN.

MON.

TUES.

WED.

THURS.

FRI.

SAT.

POOL OPERATOR _____

THIS REPORT SHOULD BE POSTED FOR INSPECTION BY THE GUILFORD COUNTY HEALTH DEPARTMENT