

Weekly Swimming Pool Operational Report

Pool Name: _____

Address: _____

E-Mail: _____

Phone: _____

Pool Operator: _____

Report Period: _____

During this report period were there any:

Closure Events? Yes No

Changes or repairs to the pump, chemical feed, or filter system? Yes No

If Yes to either of the above, include details in the Remarks section below.

Day	Bather Load	Filters Washed	Super Chlorination	pH or Alkalinity adjustments	Cyanuric Acid	Submit a separate report for every Recreational Water Facility that you operate																	
						Shallow									Deep								
						AM			NOON			PM			AM			NOON			PM		
						pH	Cl	Alk	pH	Cl	Alk	pH	Cl	Alk	pH	Cl	Alk	pH	Cl	Alk	pH	Cl	Alk
Sun																							
Mon																							
Tue																							
Wed																							
Thur																							
Fri																							
Sat																							

Minimum Reporting Requirements: **Chlorine and pH** – twice per day **Total Alkalinity** – once per day **Cyanuric Acid (if used)** – once per week

Remarks: _____

Hand written reports may be submitted to the Health Department by mail or fax at the address above. Reports that are filled out electronically may be submitted using the report submission form on the Environmental Health web page at <http://www.monchd.org/pools.html>