RECORD OF:			PC		RECORD OF SWIM PO						OOL OP	ERATIO	N		YEAR:								
STATIO	TATION: NOTE: PLEASE KEEP RECORD							ORD	OF OP	ERATIO	N AT POOL	LOCATION FOR HEALT				H DEPARTMENT REVIEW							
DATE	TOTAL # USING POOL	RESPONSIBLE PERSON ON DUTY	pН		CHL	ORIN	E RE	RESIDUAL OR OTHER DISINFECTANT					CHEMICALS ADDED		FLOW RATE GPM	CLARITY		WATER TEMP.	WATER BALANCE			REPORTS	
				FREE	TOTAL	COMBINED	FREE	TOTAL	COMBINED	FREE	TOTAL	COMBINED	Chlorine Lbs.	Soda Ash Lbs.		A.M.	P.M.		TOTAL ALKALINITY	CALCIUM HARDNESS	SATURATION INDEX	WAS ANYONE INJURED IN POOL? IF SO, WHEN?	DID THE INJURY REQUIRE HOSPITAL OR DR'S CARE?
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SIGNATURE OF OPERATOR:

REPORTABLE ACCIDENTS (IDAPA 16.02.14 SECTIONS 202,203)

INJURIES OR ACCIDENTS REQUIRING CARE BY A HOSPITAL, DOCTOR OR OTHER PROFESSIONAL TREATMENT, INCLUDING DROWNINGS OR NEAR DROWNINGS SHALL BE REPORTED WITHIN TWENTY-FOUR (24) HOURS OF OCCURRENCE TO THE NORTH CENTRAL DISTRICT HEALTH DEPARTMENT.

THE FOLLOWING SPACES ARE TO BE USED FOR WRITING OUT THE INJURY OR ACCIDENT OCCURRENCE. SUBMIT THE COMPLETED REPORT WITHIN 24 HOURS TO THE NEAREST HEALTH DISTRICT OFFICE.
REPORT SUBMITTED BY:
<u> </u>
NAME OF PERSON SUBMITTING REPORT
TITLE/RESPONSIBILITY
NAME OF POOL
DATE AND TIME OF INDICDENT
DATE/TIME REPORT SUBMITTED