

STATION: _____ NOTE: PLEASE KEEP RECORD OF OPERATION AT POOL LOCATION FOR HEALTH DEPARTMENT REVIEW

DATE	TOTAL # USING POOL	RESPONSIBLE PERSON ON DUTY	pH	CHLORINE 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: _____

WRITE INJURY REPORT ON BACK – KEEP 1 COPY FOR YOUR POOL. SUBMIT COMPLETED REPORT TO NORTH CENTRAL DISTRICT HEALTH DEPARTMENT.

