**PUBLIC BATHING PLACE OPERATION RECORD WEEK OF:**

**Facility Name:**       **Facility Type:** [ ] Pool [ ] Spa [ ] Wading [ ] Slide [ ] Other

**Physical Address:**       **City:**       **Zip:**

**County:**      **OSDH License #:**

|  |
| --- |
| **FACILITY SPECIFICATIONS** |
| * Size (Gallons):
 | * Required Turnover (gallons per minute):
 |
|  | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| 1. Safety Equipment Checked (Time)
 |  |  |  |  |  |  |  |
| 1. Tank Cleaned / Vacuumed (Time)
 |  |  |  |  |  |  |  |
| 1. Floors / Decks Disinfected (Time)
 |  |  |  |  |  |  |  |
| 1. # of Patrons (Daily)
 |  |  |  |  |  |  |  |
| 1. # of Accidents (Daily)
 |  |  |  |  |  |  |  |
| 1. # of Lifeguards/Attendants (Daily)
 |  |  |  |  |  |  |  |
| 1. Pool Hours (Open/Closed)
 | **/** | **/** | **/** | **/** | **/** | **/** | **/** |
| **FILTER**  |
| 1. Backwashed (Time)
 |  |  |  |  |  |  |  |
| 1. Gauge Readings (Influent/Effluent)
 | **/** | **/** | **/** | **/** | **/** | **/** | **/** |
| 1. Gallons Makeup Water Added
 |  |  |  |  |  |  |  |
| 1. Strainer Gauge Reading
 |  |  |  |  |  |  |  |
| 1. Flowmeter Reading (gpm)/Temp (F)
 | **/** | **/** | **/** | **/** | **/** | **/** | **/** |
| **CHEMICALS ADDED (Amount)** |
| 1. Chlorine: \_\_\_\_\_\_ Bromine: \_\_\_\_\_\_
 |  |  |  |  |  |  |  |
| 1. Soda Ash
 |  |  |  |  |  |  |  |
| 1. Muriatic Acid
 |  |  |  |  |  |  |  |
| 1. Sodium Bicarbonate
 |  |  |  |  |  |  |  |
| 1. Calcium Chloride
 |  |  |  |  |  |  |  |
| 1. Cyanuric Acid (Stabilizer)
 |  |  |  |  |  |  |  |
| 1. Other
 |  |  |  |  |  |  |  |
| **REQUIRED TESTS – DAILY** |
| 1. Combined Chlorine (ppm)
 |  |  |  |  |  |  |  |
| **Enter: Time/Sanitizer Reading/pH** | **T S pH** | **T S pH** | **T S pH** | **T S pH** | **T S pH** | **T S pH** | **T S pH** |
| 1. 1st Test Series
 | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** |
| 1. 2nd Test Series
 | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** |
| 1. 3rd Test Series
 | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** |
| 1. 4th Test Series
 | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** |
| **Enter: Time/Turbidity/Drain Cover On** | **T Tu DC** | **T Tu DC** | **T Tu DC** | **T Tu DC** | **T Tu DC** | **T Tu DC** | **T Tu DC** |
| 1. 1st Observation Series
 | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** |
| 1. 2nd Observation Series
 | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** |
| 1. 3rd Observation Series
 | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** |
| 1. 4th Observation Series
 | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** | **/ /** |
| **REQUIRED TESTS – WEEKLY MINIMUM (RECOMMENDED DAILY)** |
| 1. Total Alkalinity
 |  |  |  |  |  |  |  |
| 1. Calcium Hardness
 |  |  |  |  |  |  |  |
| 1. Water Balance pH
 |  |  |  |  |  |  |  |
| 1. Cyanuric Acid (Stabilizer)
 |  |  |  |  |  |  |  |
| 1. Copper
 |  |  |  |  |  |  |  |
| 1. Iron
 |  |  |  |  |  |  |  |
| 1. Total Dissolved Solids (TDS)
 |  |  |  |  |  |  |  |
| **COMMENTS:** |
| **Certified Operator in Charge/ Pool Manager / Owner:** |
| **Signature:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Printed Name:** **Operator Number:** **Date:**  |

**MUST RETAIN THIS FORM FOR THREE (3) YEARS FOR EACH POOL VENUE**

**INSTRUCTIONS FOR FILLING OUT RECORD FORM**

This form is filled out for **each** pool. Some of this information does not change, so keep a blank form filled out for each pool to make copies from. Fill out all applicable blanks **every day** the facility is open or whenever maintenance is done. Keep a copy in the pump room and one in the file. Retain copies for a minimum of **three (3) years**.

**Facility Name/Type/Address:** Designate the facility name, type, and **physical** address.

*(EXAMPLE: Conan’s Health Club – Men’s Spa; Seabrook Club – East Pool)*

**Facility Specifications:** Enter size of the pool/spa in gallons and minimum flow required for the type of pool.

*(480 min/pool, 240/wading pool, 30/spa)*

**Line 1:** Specify time that safety equipment is checked (usually at opening).

**Line 2:** Specify time that pool/spa is cleaned and/or vacuumed (usually at opening).

**Line 3:** Specify time that bathhouse floor and/or deck are cleaned and disinfected (usually at opening).

**Line 4:** Operator’s estimate of the total number of persons using the pool/spa that day.

**Line 5:** Number of accidents. For accidents involving death, drowning, or hospitalization, OSDH must be called **immediately** and a written report submitted within seven (7) days.

**Line 6:** Number of certified lifeguards on duty during time of maximum load.

**Line 7:** Specify the times that the pool/spa is opened and closed for use.

*(EXAMPLE: 10 am/8 pm).*

**Line 8:** Specifythe time the filter is backwashed.

**Line 9:** Inlet and outlet (influent/effluent) gauge readings prior to backwash.

**Line 10:** Gallons of make-up water added.

**Line 11:** Strainer/compound gauge reading.

**Line 12:** Flowmeter reading and temperature of water.

**Line 13:** Type and amount of sanitizer in use.

**Lines 14-19:** Amount of other chemicals added to the pool/spa.

**Line 20:** Combined chlorine reading taken at closing each day.

*(MAXIMUM = 0.2 ppm)*

**Line 21-24:** Enter test readings four (4) times per day.

*(****T*** *= time,* ***S*** *= sanitizer,* ***pH*** *= pH)*

**Line 25-28:** Enter test readings/observations four (4) times daily:

* ***T*** *= time;* ***Tu*** *= turbidity.*
* ***S*** *= Satisfactory;* ***M*** *= Marginal (cloudy water but main drain still visible);* ***U*** *= main drain not visible.*
* ***DC*** *= Main drain cover securely in place.*

**Line 29-35:** Enter when these are run: Total Alkalinity, Calcium Hardness, and Cyanuric Acid (Stabilizer).

*(Required Weekly – Recommended Daily). Copper, Iron, TDS weekly on* ***spas only.***

**IMMINENT HAZARD ITEMS**

**Immediate** correction or closure is required summarily if **any** of the following are not observed:

* **Turbidity:** Main drain must be clearly visible.
* **Free Available Chlorine** must be 1.0 ppm; **Bromine** 2.0 ppm.
* **pH** must be between 7.2 and 7.8.
* **Main Drain** must be secured.

*(This form may be modified as needed to collect necessary information for any operation.)*