

Name of Pool:
Location:
CPO:

**Harford County Health Department Swimming
Pool Operating Record
Semi-Public Pool 3 Times Per Day Testing**

Readings taken by: _____

Week Beginning _____ 20__		SUN	MON	TUE	WED	THURS	FRI	SAT
Prior to Opening	Free available chlorine or total bromine							
	Combined chlorine							
	pH							
	Clarity							
	Water temperature (if heated)							
	Rate of flow							
	Filter Influent/Effluent Pressure							
	Pump Vacuum							
Total No. of Bathers								
Between 12:00 Noon and 2:00 pm	Free available chlorine or total bromine							
	Combined chlorine							
	pH							
	Clarity							
	Water temperature (if heated)							
	Rate of flow							
	Filter Influent/Effluent Pressure							
	Pump Vacuum							
Total No. of Bathers								
2 Hours Prior to Closing	Free available chlorine or total bromine							
	Combined chlorine							
	pH							
	Clarity							
	Water temperature (if heated)							
	Rate of flow							
	Filter Influent/Effluent Pressure							
	Pump Vacuum							
Total No. of Bathers								
Once Each Day	Time of Filter Backwash							
	Chemicals Added							
	Malfunctioning or Broken Equipment							
	Injury or Accident							
Once Each Week	Total Alkalinity							
	Calcium Hardness							
	Cyanuric Acid (if used)							

Remarks: (Accidents, Chemicals Added, Etc)

Disinfectant used:

Gas Chlorine

Sodium Hypochlorite

Calcium Hypochlorite

Lithium Hypochlorite

Ozone

Bromine

Other: