

Swimming Pool Log Sheet



Whatcom County
HEALTH
Department

Pool Name: _____ Month: _____ Year: _____ Size of Pool (gallons): _____
Type of Disinfectant: _____ Flow Rate Required (GPM): _____

Minimum **1.5 PPM** if inorganic chlorine (i.e liquid chlorine), **2.0 PPM** if stabilized or organic (i.e Trichlor tablets), and **2.5 PPM** if Bromine. Max = 10.0 PPM (all types)

Date	Daily Tests							Weekly Tests		As Needed
	Water Clarity	Free Chlorine PPM (Minimum of once daily)			Combined Chlorine < 50% Free	pH 7.2-8.0	Flow GPM	Alkalinity Rec. Range 60-160 PPM	Cyanuric Acid if used < 90	Corrective Actions and Notes (chemicals added, amounts, etc)
	1st	2nd	3rd							
1										
2										
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10										
11										
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14										
15										

Date	Daily Tests							Weekly Tests		As Needed
	Water Clarity	Free Chlorine PPM (Minimum of once daily)			Combined Chlorine < 50% free	pH 7.2-8.0	Flow GPM	Alkalinity Rec. Range 60-160 PPM	Cyanuric Acid if used < 90	Corrective Actions (chemicals added, amounts, etc)
	1st	2nd	3rd							
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Notes: