MONTHLY REPORT ON SWIMMING POOL OPERATION

Chapter DHS 172 of the Wisconsin Administrative Code requires that Monthly Reports on the operation of swimming pools be submitted to the Department. The pool operator or person in charge shall fill-in the data indicated on the report as completely as possible.

SEND REPORTS TO:	Email:	health@co.winnebago.wi.us	Mail:	Winnebago County Health Dept.
	Fax:	920-232-3370		Attn: Environmental Health
				112 Otter Ave., PO Box 2808
				Oshkosh, WI 54903-2808

Name of Pool:	Address:	Operator:

1) The following items should be checked regularly to assure that they are being properly maintained: (Place an X if equipment is on hand and properly maintained.)

☐ First Aid Kit (24 unit) ☐ DPD Test Kit ☐ Two (2) Blankets ☐ Spine Board ☐ Emergency Phone (test)
☐ Handrails or Grabrails ☐ Shepherd's Crook and Ring Buoy ☐ Depth Markings ☐ Safety Line ☐ Lifeguard Chair

2) **PLEASE NOTE ANY CHANGE IN EQUIPMENT:** (All equipment must be NSF approved or equivalent. If you have any questions regarding approved equipment, please call your regional or local health department before installation.)

3) Is there a new person responsible for pool maintenance?
☐ Yes Name of person _____
If so, please contact your regional or local agent health department.

4) Are lifeguards on duty?
☐ Yes How many? ____
☐ No

5) Lifeguard Staffing Plan
☐ Yes ☐ No

6) Illness or Injury? ☐ Yes If yes, please state type of illness or injury, date and outcome. (If 911 called, submit Injury & Illness Report Form)

REMARKS: Please comment on any unusual occurrence(s) and actions to correct conditions and chemical levels that do not comply with code requirements:

Signature _____ Title _____ Date _____

☐ SWIMMING POOL   ☐ WHIRLPOOL   ☐ OTHER _____   ☐ TYPE OF DISINFECTANT USED _____

(USE A SEPARATE FORM FOR EACH POOL)

MONTH/YEAR _____

INSTRUCTIONS: All information must be filled-in daily and signed by the person in charge.
PATRON LOADING: Columns must show the maximum number of patrons using the pool at any one time and the total number of patrons for the entire day.
WATER APPEARANCE: Place an "X" in the clear or turbid column.
WATER ATTRACTION AND/OR SLIDE INSPECTION: Place an "I" in the column after performing the daily inspection and operation test.
FILTER BACKWASH: Place a "B" in the column for any day the filter is backwashed.
CARTRIDGE FILTER CLEANED/CHANGED: Place a "C" in the column for any day the cartridge filter is cleaned or changed.
WHIRLPOOL DRAINED: Place a "D" in the column for any day the whirlpool is drained.
CHEMICAL CONTROL: Enter pH and chlorine/bromine/ORP test readings. Test swimming pools at least twice daily and whirlpools at four times daily. If an ORP with a digital read out is used, then only 1 test is required. Record combined chlorine, alkalinity, and cyanuric acid as required. Enter the amount of each chemical used as lbs. or gals.
SIGNATURE: Must be signed daily by the person responsible for the operation of the pool.

DAY OF MONTH	PATRON LOADING		WATER APPEARANCE		WATER TEMPERATURE	PRESSURE GAUGE READING	FLOWMETER READING	WATER ATTRACTION OR SLIDE INSPECTED (I) FILTER BACKWASHED (B) CARTRIDGE CHGE/CL (C) WHIRLPOOL DRAINED (D)	CHEMICAL CONTROL								COMBINED CHLORINE	ALKALINITY	CYANURIC ACID	OTHER CHEMICALS USED (Acid, Soda Ash, Oxidizer, Bicarb, etc.)		SUPER OXIDATION	SIGNATURE OF PERSON RESPONSIBLE FOR POOL OPERATION
									AM				PM										
									Free Chlorine or Bromine Reading		pH Reading		Free Chlorine or Bromine Reading		pH Reading								
	Max.	24 hr. Total	Clear	Turbid		PSI	GPM		1	2	1	2	3	4	3	4	PPM	PPM	PPM	NAME	QUANTITY	PPM	
1																							
2																							
3																							
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