



POOL AND SPA LOG SHEET

Month of: _____, 20____

Facility Name: _____

Pool/Spa Location: _____ Permit # _____

Pool/Spa Operator: _____

Type of disinfectant:

Chlorine Tablets (circle one)
 ◆ stabilized ◆ non-stabilized

Bromine

Chlorine Liquid

Other

Date	DISINFECTANT RESIDUAL MINIMUM AND MAXIMUM* LEVELS OF DISINFECTANT			TEST DAILY				TEST WEEKLY		RECORD WHEN APPLIED	
	<u>Swimming Pool</u> Minimum (ppm)		<u>Spa/Wading Pool</u> Minimum (ppm)	Combined Chlorine (ppm)	pH	Temp	Flow	Alkalinity	Cyanuric Acid	Chemicals Added	Miscellaneous
	Time/Level	Time/Level	Time/Level								
	<i>Chlorine</i>		1.5	3.0	total – free = combined chlorine (<50% of free)	(7.2-8.0)	max 104°F	rate (gpm)	(suggest range of 80 – 200 ppm)	(if used, max. 90 ppm)	(list correct measurement eg: lbs, gal, oz, tbl)
<i>Chlorine with cyanurate</i>		2.0	3.5								
<i>Bromine</i>		2.5	4.0								
	*Maximum disinfectant allowed 10 ppm										
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EMERGENCY PHONE tested on: _____

SHUT OFF SWITCHES / ALARMS tested on: _____