

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	
	Chlorine	Swimming Pool Minimum (ppm)	Spa/Wading Pool Minimum (ppm)	Combined Chlorine (ppm) total – free = combined chlorine (<50% of free)	pH (7.2-8.0)	Temp max 104°F	Flow rate (gpm)	Alkalinity (suggest range of 80 – 200 ppm)	Cyanuric Acid (if used, max. 90 ppm)	Chemicals Added (list correct measurement eg: lbs, gal, oz, tbl)	Miscellaneous problems, closures, remarks, backwash of filter, clarity, injury, etc.
		1.5	3.0								
	Chlorine with	2.0	3.5								
	Bromine	2.5	4.0								
*Maximum disinfectant allowed 10 ppm											
Time/Level	Time/Level	Time/Level									
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EMERGENCY PHONE tested on: _____

SHUT OFF SWITCHES / ALARMS tested on: _____