Operation Report for Pools and Whirlpools with Controller *Wis. Admin. Code ch. ATCP 76*

Name of Pool or Whirlpool: ____

Date	Daily	Daily	Daily	Daily	Once per Week	Twice per Week	Once per Week	Monthly	Monthly	As Indicated	As Indicated	Initials
	Water Temp (°F)	pH	Free Chlorine or Bromine (ppm)	ORP (mV)	Total Alkalinity (ppm)	Combined Chlorine (ppm)	Cyanuric Acid (ppm)	Pump safety* checks(s) completed (check box)	Safety equipment** check completed (check box)	Backwashing completed when pressure indicates (check box)	Corrective actions taken or comments (use back of sheet if needed)	

*Liquid chemical feed must stop when power is interrupted to recirculation pump, when emergency stop button is pushed, and for pools built after February 1, 2009, any time the recirculation system stops. Anti-entrapment systems such as SVRSs must work properly to stop pump.

**Safety equipment includes first aid kit and biohazard kit, blankets for most whirlpools, and telephone.

Personally identifiable information you provide may be used for purposes other than that for which it was collected (*Wis. Stat. §15.04(1)(m)*).