MONTHLY REPORT ON SWIMMING POOL OPERATION

Chapter HFS 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 REPORT TO: The State Division of Public Health Regional Office, or
Your Local Agent Health Department

<table>
<thead>
<tr>
<th>Name of Pool:</th>
<th>Address:</th>
<th>Operator:</th>
</tr>
</thead>
</table>

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 with Straps
- Handrails or Grabrails
- Shepherd’s Crook or 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.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Manufacturer</th>
<th>Model #</th>
<th>Installed by</th>
<th>Date</th>
</tr>
</thead>
</table>

3) Is there a new person responsible for pool maintenance?

- Yes
- No

If so, please contact your regional or local agent health department.

4) Are lifeguards on duty?

- Yes
- No

5) Lifeguard Staffing Plan

- Yes
- No

6) Illness or Injury?

- Yes
- No

If so, please state type of illness or injury, date and outcome.

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 ___________________
In the document, there is a form for daily pool maintenance. The form includes several sections for tracking various aspects of pool operation, such as:

- **Day of Month (DO MO)**: This column likely lists the days of the month.
- **Patron Loading**: This column indicates the maximum number of patrons using the pool at any one time and the total number for the entire day.
- **Water Appearance**: The water appearance is indicated with an “X” in the clear or turbid column.
- **Filter Backwash**: A “B” is placed in the column for the days the filter is backwashed.
- **Cartridge Filter Cleaned/Changed**: A “C” is placed in the column for days the cartridge filter is cleaned or changed.
- **Whirlpool Drained**: A “D” is placed in the column for days the whirlpool is drained.
- **Chemical Control**: This section includes pH and chlorine/bromine test readings. Swimming pools should be tested at least twice daily and whirlpools at least four times daily. The amount of each chemical used is entered as lbs. or gals.
- **Signature**: Must be signed daily by the person responsible for the operation of the pool.

The form also includes columns for chemical test readings, such as:

- **Free Chlorine Reading**
- **Bromine Reading**
- **pH Reading**
- **Combined Chlorine Readings**
- **Alkalinity**
- **Other Chemicals Used** (e.g., Acid, Soda Ash, Oxidizer, Bicarb, etc.)

Each day has its own row for these readings and chemical usage. The form is designed to ensure daily monitoring and maintenance of the pool's water quality.