



Indiana State
Department of Health

State Form (9-01)
Swimming Pool Log

SWIMMING POOL LOG
(MUST BE KEPT FOR ONE YEAR)

REPORT OF _____ POOL AT _____ FOR WEEK BEGINNING _____ 20____
(NAME OF POOL) (MAILING ADDRESS)

DAY	NO. OF BATHERS	SUPERCHLORINATION		D.E. FILTER CAKE ADDED (POUNDS)	BOTTOM AND WALLS CLEANED	FRESH WATER ADDED (GALLONS)	TIME OF RECIRCULATION (HRS)	FLOW RATE (GPM)	FILTERS BACK WASHED				REMARKS: NOTE MAINTENANCE & MALFUNCTION OF EQUIPMENT, SHUT DOWN OF FILTERS OR DISINFECTING EQUIPMENT, POWER FAILURES, SICKNESS, INJURIES, OR UNUSUAL CONDITIONS
		PPM CL ₂	AMT. ADDED										
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													

GIVE NAME OF POWDERS OR SOLUTIONS USED FOR DISINFECTION _____

DAY	DAILY			PH				WATER TEMP (°F)	WEEKLY				SAMPLE COLLECTED FOR BACT. TEST (DATE)	BACT. RESULT	CHEMICAL USAGE					
	DISINFECTANT RESIDUAL								TOTAL CHLORINE	CYANURIC ACID	ALKALINITY	CALCIUM HARDNESS			RECORD ALL CHEMICALS USED IN POUNDS/GALLONS					
	OPENING	MID SESSION	CLOSING	OPENING	MID SESSION	CLOSING						ACID			SODA ASH	ALGACIDE	OTHER			
SUNDAY																				
MONDAY												COMMENTS: _____ _____ _____ _____								
TUESDAY																				
WEDNESDAY																				
THURSDAY																				
FRIDAY																				
SATURDAY																				

SIGNED _____ (NAME) _____ (TITLE)