



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 <sub>2</sub>	AMT. ADDED										
SUNDAY													
MONDAY													
TUESDAY													
WEDNESDAY													
THURSDAY													
FRIDAY													
SATURDAY													

GIVE NAME OF POWDERS OR SOLUTIONS USED FOR DISINFECTION \_\_\_\_\_

DAY	DAILY				PH				WEEKLY				SAMPLE COLLECTED FOR BACT. TEST (DATE)	BACT. RESULT	CHEMICAL USAGE				
	DISINFECTANT RESIDUAL			WATER TEMP (°F)	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																			
TUESDAY																			
WEDNESDAY																			
THURSDAY																			
FRIDAY																			
SATURDAY																			

SIGNED \_\_\_\_\_ (NAME) \_\_\_\_\_ (TITLE)