WEEKLY POOL/ SPA OPERATION REPORT

Week beginning:

Name of facility			**Type**		**Special Feature**		**Design**-see data sheet/approved plans; pre-op insp. report
Address: Number & Street			[ ] Outdoor	[ ] Indoor	[ ] Flume slide	[ ] Kiddee slide	Pool/ Spa Surface Area (sf)
City	County		[ ] Pool	[ ] Dive Well	[ ] Rec. slide	[ ] Rain drop	Required Turnover Rate (gpm)
			[ ] Wading pool	[ ] Spa	[ ] Speed slide	[ ] Wet Deck	Max allow flow (gpm)
			Special Use Pool		[ ] Drop slide	Other	

CHEMICAL READINGS: First reading at opening

CHEMICAL ADJUSTMENTS-MAINTENANCE: # = lbs; g = gals

Op =operator initials **T**otal **C**hlor / **TBr**omine		TC	**TBr**	TC	**TBr**	TC	**TBr**	TC	**TBr**	TC	**TBr**	TC	**TBr**	**Water Temp ^{O} F**	**Water Clarity**	**Total Alkalinity**	**Cyanuric Acid**	**Total Dissolved solids**	ORP	Disinfectant	Super Chlor.	Acid	Flow meter (gpm)	Press/ Vac. gauge (psi)	Filter backwash	Pool Drained			Air Temp ^{0} F	Weather	**Bather load**
-- **F**ree **C**hlor		-FC		-FC		-FC		-FC		-FC		-FC																			
Comb **C**hlor		CC		CC		CC		CC		CC		CC																			
Sunday	**Op**																														
date:	am pm																														
	pH																														
Monday	**Op**																														
date:	am pm																														
	pH																														
Tuesday	**Op**																														
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Thursday	**Op**																														
date:	am pm																														
	pH																														
Friday	**Op**																														
date:	am pm																														
	pH																														
Saturday	**Op**																														
date:	am pm																														
	pH																														

CALCULATIONS	WATER CHEMISTRY
Calculations for a typical 20ft X 40ft public pool	**Water Chemistry-** test the pool/spa water; add WATER SLOWLY to chemicals (as needed) in a container; mix dilution with pool/spa water
1. Area = 20 ft X 40 ft **(L X W) =** 800 sf 2. Volume = 800 sf X 4 ft **(avg depth)** = 3200 cu ft x 7.5 gal/cu ft **(constant)** = 24000 gal 3. Flow rate = 24000 gal / 8* hr x 60 min/hr = 50 gpm *(the required turnover rate, see rules 04(C1) and 04.1(D) 4. Filter Max Flow = 3.14 sq ft **(filter area)** X 20 gpm/sq ft **(filtrate. rate-NSF)**= 63 gpm 5. Total Dynamic Head (TDH): the resistance to flow, within the pipes/fittings, the filter, and the heater, to move water; the typical swimming pool is ~ 50 ft TDH. 6. Pump capacity: based on pump curve, according to the following: a) Min. required flow rate = 50 gpm b) Max. allowable filter flow = 63 gpm c) If pump output exceeds a), but does not exceed b) : the pump is properly sized* ***NOTE**-a throttle valve must be installed if the max. allowable filter flow is exceeded, to restrict pump capacity.	To SUPERCHLORINATE whenever the Combined Chlorine value is over.2 ppm; Combined Chlorine (.4) X **10** = 4.0 ppm (Free Chlorine needed). To raise chlorine 1ppm/ 10,000 gal of pool water: Add 2 oz. Calcium Hypochlorite (65%): 2oz.X 4 ppm = 8 oz.; or 40 oz./ 50,000 gal To neutralize excess chlorine: Add 1 oz. sodium thiosulfate To RAISE pH per 10,000 gal of pool water, based upon BASE demand test/ Alkalinity: Add 6 oz. of sodium carbonate (Soda Ash) To LOWER pH per 10,000 gal of pool water, based upon ACID demand test/ Alkalinity: Add 12 oz. Muriatic acid; 1.0 lbs. sodium bisulfate (dry acid) To RAISE Alkalinity 10 ppm/ 10,000 gal of pool water: Add approx. 1.5 lbs. sodium bicarbonate (Baking Soda) To LOWER Alkalinity 10 ppm/ 10,000 gal of pool water: Add 26 oz. Muriatic acid; Add 2.15 lbs. sodium bisulfate (dry acid) To LOWER Cyanuric Acid or Total Dissolved Solids (TDS): Drain a portion or all of the pool. Note: iso-cyanurates may leach into pool surfaces requiring additional cleaning/ drainage to reduce/remove the residual.

The Ohio Administrative Code requires the operator of a public swimming pool to prohibit patrons with obvious infectious wounds from using the pool as well as anyone observed passing feces, urine, or blood. The operator is also **REQUIRED TO RECORD ALL injuries and fecal accidents**. In the event of water borne illness **contact your local health district**; and the Ohio Department of Health, **Bureau of Environmental Health, at 614.466.1390** and the Ohio Department of Health, **Bureau of Infectious Disease Control at 614.466.0265.**

FECAL/ BLOOD/VOMITUS ACCIDENT REPORT If necessary, attach additional remarks and information

Date/ Time	**Description of event**
Corrective measures	
Record contact information for ALL patrons involved	

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Corrective measures	
Record contact information for ALL patrons involved	

INJURY ACCIDENT REPORT If necessary, attach additional remarks and information

Date/ Time	**Victim's Age [ ] M; [ ] F**	**Victim Name/ Contact information**
Description of accident-injuries		
First aid administered		**Medical authorities contacted**

Date/ Time	**Victim's Age [ ] M; [ ] F**	**Victim Name/ Contact information**
Description of accident-injuries		
First aid administered		**Medical authorities contacted**

Comments: