SWIMMING POOL RECORD OF OPERATION

State Form 12279 (R5 / 4-11)
INDIANA STATE DEPARTMENT OF HEALTH

Pursuant to 410 IAC 6-2.1 and 38, this form must be logged daily and retained for one (1) year.

Name of facility	Week ending date *(month, day, year)*	Type of pool *(indoor, outdoor, wading, wave, spa, waterslide, other pool)*

Day	DAILY						WEEKLY								Name of Person Logging Entry
	Disinfectant Residual Cl_2, Br_2 (ppm)			pH 7.2 – 7.8		Water Temperature	Combined Chlorine (TC-FC=CC)		Total Alkalinity	Cyanuric Acid	Bacteriologic Test		Breakpoint chlorination / Superoxidation CC ≥.5 ppm		
	Opening	Second	Third	Opening	Second	Spa ≤104°F	First	Second	80-120 ppm	<60 ppm	Sample	Result	Amount Added	Cl_2 / non-Cl_2	
Sunday															
Monday															
Tuesday															
Wednesday															
Thursday															
Friday															
Saturday															

Name of powder / solution use for disinfection

Day	Number of Bathers	Flow Rate (gpm)	Bottom / Walls Cleaned?	Fresh Water Added (gallons)	Filter Back Wash	Operating Period of Water Recirculation (*What time of day did recirculation operate – hours?)*	Chemical Usage *Record all chemicals used in pounds / gallons.*				Remarks / Comments *Fecal or vomit accident, maintenance and malfunction of equipment, shutdown of filters or disinfecting equipment, power failures, sickness, injuries or any other unusual conditions*
							Acid	Soda Ash	Algacide	Other	
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											

Additional comments