



LA CROSSE COUNTY HEALTH DEPT
 ENVIRONMENTAL DIVISION
 300 4TH STREET NORTH
 LA CROSSE WI 54601-3228
 (608) 785-9771

MONTHLY REPORT OF POOL OPERATION
FAX REPORT TO: (608) 793-6565

NAME OF POOL _____ MONTH _____ 20 ____

SWIMMING WHIRLPOOL THERAPY OTHER

TYPE OF DISINFECTANT USED _____

CHAPTER HFS 172 of the Wisconsin Administrative Code requires that monthly reports on the operations of swimming/whirlpools/other pools be submitted to the department. The pool operator or person in charge shall fill in the data indicated on the monthly report as completely as possible.

CHEMICAL CONTROL: Enter pH and chlorine/bromine test readings. Test swimming pools at least twice daily and whirlpools at least four times daily. Enter the amount of each chemical used as lbs or gals.

INSTRUCTIONS: All information must be filled in daily and signed by the person in charge.

DAY OF MO.	WATER TEMPERATURE	FILTER BACKWASHED (B) CARTRIDGE CHRG/CL (C) WHIRLPOOL DRAINED (D)	CHEMICAL CONTROL										INITIALS		
			AM				PM				COMBINED CHLORINE	ALKALINITY		CYANURIC ACID	OTHER CHEMICALS USED
			FREE CHLORINE BROMINE READING		pH READING		FREE CHLORINE BROMINE READING		pH READING						
			1	2	1	2	3	4	3	4	PPM	PPM			
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COMMENTS: _____