

Swimming Pool/Spa Operation Report

NAME OF FACILITY: _____ Gallons Per Minute _____
 POOL/SPA MAINTANANCE OPERATOR: _____
 POOL/SPA ADDRESS: _____
 PHONE(S): _____
 MONTH _____

	<u>Time</u>	<u>Free Chlorine Residual</u> <u>[or Bromine] *DPD Test Kit</u>	<u>pH</u>	<u>Cyanuric Acid</u> <u>Min 1x monthly</u>	<u>Backwash</u>	<u>Quantity of Chemicals Added</u>
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