



Weekly Water Quality Report Form

Facility Name _____ Week Date from _____ to _____

Type of Pool: Swim Spa Wade Activity Lap Therapy Other _____

Initials **Disinfectant Cl (Brx2)**

| Day/Date | Time of Day | Sanitizer Interlock (Weekly) | Suction Outlets (Daily) | Pool 1-10 Spa 2-10 | Combined <+0.5 | pH 7.2-7.8 | Flow Rate Min=___ | Calcium Hardness | Water Temp Max=104F | Total Alkalinity >50ppm | Cyanuric Acid <100ppm | Filter Pressure (psi) | Comments (Manual Chem Feed, Backwash, Breakdowns, Injuries, Accidents, ORP, CPOs initials) |
|-----------|-------------|------------------------------|-------------------------|--------------------|----------------|------------|-------------------|------------------|---------------------|-------------------------|-----------------------|-----------------------|--|
| Monday | AM | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | |
| Tuesday | AM | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | |
| Wednesday | AM | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | |
| Thursday | AM | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | |
| Friday | AM | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | |
| Saturday | AM | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | |
| Sunday | AM | | | | | | | | | | | | |
| | PM | | | | | | | | | | | | |

Signature of Operator _____ Date _____