



Weekly Water Quality Report Form

Facility Name _____ Week Date from _____ to _____

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

Disinfectant Cl (Brx2)

Day/Date	Time of Day	Sanitizer Interlock (Weekly)-initial	Suction Outlets (Daily)-Initial	Disinfectant Cl (Brx2)		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)
				Pool 1-10ppm Spa 2-10ppm	Combined <+0.5ppm								
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 _____