

Weekly Pool Operation and Incident Report

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|------------------|---|--|---|------------------------------|-----------------------------|
| | | | | Week Beginning (m/d): | Week Ending (m/d): |
| Name of facility | Type pool <input type="checkbox"/> Pool <input type="checkbox"/> SPA <input type="checkbox"/> SUP | Setting <input type="checkbox"/> Wading pool <input type="checkbox"/> Zero entry <input type="checkbox"/> Spray ground | Special feature <input type="checkbox"/> Kiddie slide <input type="checkbox"/> Playground slide <input type="checkbox"/> Rec slide <input type="checkbox"/> Water slide <input type="checkbox"/> Fountain <input type="checkbox"/> Other _____ | Pool design | Flow rates: |
| Address | | | | Pool surface area (sf) | Req'd. turnover rate (min) |
| City | | | | Pool volume (gal) | Min. req'd. flow (gpm) |
| | | | | | Max allow filter flow (gpm) |

Testing frequency: OAC 3701-31-04

First reading at opening,

Chemical adjustments # = lbs; g=grams; gal=gallons; L=liters; ppm=parts per million

| Daily testing | | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------------------------|---|--------|--------|---------|-----------|----------|--------|----------|
| Daily | Time of test | | | | | | | |
| | Free Cl (ppm) | | | | | | | |
| | Combined Cl (ppm) | | | | | | | |
| | Total Cl (ppm) | | | | | | | |
| | Total bromine (ppm) | | | | | | | |
| | pH | | | | | | | |
| | Water clarity | | | | | | | |
| Water temp(F°) | | | | | | | | |
| Weekly | Cyanuric acid (ppm) as applies | | | | | | | |
| | Total alkalinity (ppm) | | | | | | | |
| Monthly | Spa drainage (m/d) | | | | | | | |
| | SVRS functional/tested monthly (m/d) | | | | | | | |
| | ACC functional/tested monthly (m/d) | | | | | | | |
| | Press/Vac gauge(psi) | | | | | | | |
| Maintenance | Flow measurement (gpm) | | | | | | | |
| | Filter backwash (m/d) | | | | | | | |
| | Pool Closed | | | | | | | |
| | Disinfection | | | | | | | |
| Chemicals added | Hyperchlorination (gal/#) (m/d) | | | | | | | |
| | Acid(#) | | | | | | | |
| | Sodium carbonate (soda ash) (#) | | | | | | | |
| | Bicarbonate(#) | | | | | | | |
| Optional | Bather load | | | | | | | |
| | Secondary disinfection <input type="checkbox"/> UV light <input type="checkbox"/> Copper-silver <input type="checkbox"/> Ozone | | | | | | | |
| | *Monopersulfate (<input type="checkbox"/> Y/ <input type="checkbox"/> N) as applies | | | | | | | |
| | Calcium hardness (ppm) | | | | | | | |
| | ORP/HRR | | | | | | | |

*Monopersulfate interferes with DPD test kit reagents to provide inaccurate results. Monopersulfate is used as a non-chlorine shock to oxidize organic contaminants in the pool

Bolded daily tests required every 4 hours unless ACC system then every 12 hours

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| A) Calculations: | B) Water Chemistry: to adjust water quality ALWAYS add CHEMICALS SLOWLY to WATER in a pail; mix dilution, disperse into pool slowly when the pool is closed; test. |
| <p>1. Area = (L X W)</p> <p>2. Volume = Area X avg depth x 7.5 gal/cu ft (rounded up constant)</p> <p>3. Flow rate = Volume/the required turnover rate = gpm (the min required flow rate see rules 04B6f and 05.1(F)(12))</p> <p>4. Filter Max Flow = sq ft (filter area) X gpm/sq ft (NSF filtration rate) = gpm</p> <p>5. Total Dynamic Head (TDH): the resistance to flow within the pipes-fittings, the filter, and the heater to move water; the typical pool is approx.~ 50 ft TDH.</p> <p>6. Pump size: based on the pump curve, according to the following: a) Min. required flow rate b) Max. allowable flow c) If pump output exceeds a), but does not exceed b): the pump is properly sized with the filter*</p> <p>*NOTE-a throttle valve must be installed if the max. allowable filter flow-b) is exceeded, to restrict pump capacity. A throttle valve may also be used to restrict flow to suction drains or other system components.</p> | <p>To Hyperchlorinate (Whenever the combined chlorine value is over approx. 0.4 ppm): the amount of free chlorine to neutralize the combined = (.4) X 10 or 4.0 ppm (free chlorine)</p> <p>To raise Chlorine (1ppm/10,000 gal of pool water): add 2 oz Calcium Hypochlorite (65%); add 10.7 fl oz Sodium Hypochlorite (12%)</p> <p>To neutralize excess chlorine (1ppm/10,000 gal of pool water): add 1 oz Sodium Thiosulfate-carefully, or more chlorine will be required to off set the extra neutralizer</p> <p>To LOWER Cyanuric Acid, Total Dissolved Solids (TDS), or Calcium Hardness: drain a portion or all of the pool.</p> <p>To RAISE pH (.2 units/10,000 gal of pool water- based upon BASE demand test/ Alkalinity): add 6 oz of Sodium Carbonate (Soda Ash)</p> <p>To LOWER pH (.2 units/10,000 gal of pool water, based upon ACID demand test/ Alkalinity): add 12 oz Muriatic acid or 1.0 lb. Sodium Bisulfate (dry acid)</p> <p>To RAISE Alkalinity (10 ppm/10,000 gal of pool water): add approx. 1.5 lbs. Sodium Bicarbonate (Baking Soda)</p> <p>To LOWER Alkalinity (10 ppm/10,000 gal of pool water): add approx. add 26 oz Muriatic acid or 2.15 lbs. Sodium Bisulfate (dry acid)</p> <p>To RAISE Calcium Hardness (10 ppm/10,000 gal of pool water, based upon Calcium Hardness test): add .9 lbs Calcium Chloride Dihydrate (100%)</p> <p>Source: National Swimming Pool Foundation</p> |

The Ohio Administrative Code requires the operator of a public swimming pool to prohibit patrons with obvious infectious wounds from using the pool as well as anyone observed passing feces, urine, or blood. The operator is also **REQUIRED TO RECORD ALL injuries and fecal accidents**. In the event of suspected water borne illness **contact your local health district** and the Ohio Department of Health, **Bureau of Environmental Health, at 614.466.1390**.

Fecal/ Blood/ Vomitus Accident Report If necessary, attach additional remarks and information

| | | |
|------|------|----------------------|
| Date | Time | Description of event |
|------|------|----------------------|

Corrective measures

Record contact information on a separate page for ALL patrons involved

| | | |
|------|------|----------------------|
| Date | Time | Description of event |
|------|------|----------------------|

Corrective measures

Record contact information on a separate page for ALL patrons involved

Injury Accident Report If necessary, attach additional remarks and information

| | | | |
|------|------|--|------------------------------------|
| Date | Time | Victim's age [] <input type="checkbox"/> Male <input type="checkbox"/> Female | Victim(s) name/Contact information |
|------|------|--|------------------------------------|

Description of accident-injuries

First aid administered

Comments