

CABINET FOR HEALTH AND FAMILY SERVICES
SWIMMING POOL LOG SHEET



REPORT OF _____ AT _____
(NAME OF POOL) (CITY OR TOWN, COUNTY)

FOR WEEK BEGINNING _____ 20_____
(Enforced by 902 KAR 10:120 Section 11)

Day	Chlorine Or Other Disinfectant			pH	Turbidity	Temp. of Water °F	Alkalinity (ppm)	Cyanuric Acid (ppm)
	Free	Combined						
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								

IF CHLORINE POWDERS OR SOLUTIONS ARE USED FOR DISINFECTION, GIVE NAME:

Day	Pounds of Chemical Added				Remarks: Note Shutdown of Filters or Disinfection Equipment. Power Failure or Unusual Conditions
	Soda Ash or Other pH Control Substance	Alum or Other Coagulant	Disinfectant	Cyanuric Acid or Other	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

SIGNED _____
(NAME) (TITLE)