RACINE COUNTY PUBLIC HEALTH DIVISION MONTHLY REPORT ON SWIMMING POOL OPERATION

Chapter ATCP 76 of the Wisconsin Administrative Code requires that Monthly Reports on the operation of swimming pools be submitted to the Department. The pool operator or person in charge shall fill-in the data indicated on the report as completely as possible.

OR

SEND REPORT TO:

Racine County Public Health Division

Signature _____

Submit to the Racine County Public Health Division no later than the 10th day of the following month.

Text: (262) 898-4495

Email: Charles.Dykstra@racinecounty.com

Sturtevant, WI 53177		(262) 898- (262) 898- (262) 898-	4493	Kevin.Plachinski@racinecounty.com Lindsey.Visona@racinecounty.com			
Name of Pool:	Address:		Operato	or:			
1) The following items should be checked regula	rly to assure that they are	being properly maintained:	(Place an X if equipment	t is on hand and properly maintained.)			
First Aid Kit Approved Biohazard Spill Kit Shepherd PLEASE NOTE ANY CHANGE IN EQUIPMENT:				rails Lifeguard Chair (if applicable) sable) Spine Board with Straps (if applicable)			
Item		Manufacturer					
Model #	Installed by			Date			
3) Eye/respiratory Irritation, Illness or Injury? PI	ease document type of irri	tation, illness or injury, date	and outcome. (If EMS is call	led please fill out and submit Death, Injury and Illness Form to DATCP			
4) Fecal Accident? Please document date of inci	dent and response. (Complet	e and file the Fecal Accident Form and s	ave for 2 years)				
5. Monthly Interlock Test: Document the date, r	esults, and the name of the	e person performing the tes	t.				
COMMENTS:							

NAME OF FACILITY_	LSWIMMING POOL LWHIRLPOO	оь Шот	HER MONTH/YEAR
DISINFECTANT:			
Testing Frequency:	Free Chlorine (FC) or Bromine (Br) and pH levels $-2X/day$ for pools and $4X/day$ for wh Alkalinity (Alk) $-1X/week$ for pools and whirlpools	nirlpools	Combined Chlorine (CC) $-2X$ /week for pools and $1X$ /day for whirlpools Cyanuric Acid (CA) $-1x$ /week for pools and whirlpools (stabilized chlorine only)
Closing Criteria:	. , , , , , , , , , , , , , , , , , , ,	•	rools) - Less than 3.0ppm or greater than 10ppm Whirlpools) – Less than 4.0ppm or greater than 10ppm

	Water				Test #1		Test #2		Test #3		Test #4							Corrective Actions	Initials
Day	Clarity Clear (C) Turbid (T)	Water Temp	Pressure Gauge PSI	Flow Meter GPM	FC/Br	pН	FC/Br	pН	FC/Br	pН	FC/Br	pН	CA	ALK	СС	Pool Closed X	Break Point X	Notes (Chemical added and amount)	
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