LANGLADE COUNTY HEALTH DEPARTMENT
1225 Langlade Road Antigo WI 54409
715-627-6250

NAME OF POOL _____

DATE _____

Operating Report for Pools with Controllers

Wis. Admin. Code § ATCP76.32(1)

Completion of this form is required to meet operating report requirements for pools with controllers. Failure to complete and maintain operating reports is subject to compliance action under *Wis. Stat. ch. 97 and Wis. Admin. Code ch. ATCP 76.*

	Daily	Daily	Daily	Daily	Once per Week	Twice per Week	Once per Week if Used	Monthly	Monthly	As Indicated	As Indicated	
Date	**Water Temp °(F)**	**pH**	**Free Chlorine or Bromine (ppm)**	**ORP (mV)**	**Total Alkalinity (ppm)**	**Combined Chlorine (ppm)**	**Cyanuric Acid (ppm)**	**Pump Safety* Check(s) Completed (check box)**	**Safety Equipment** * Check Completed (check box)**	**Backwashing Completed When Pressure Indicates (check box)**	**Fecal Incidents Recorded; Death, Illness, Injury Reported as Required (check box when done)**	**Initials**

*Liquid chemical feed must stop when power is interrupted to recirculation pump, when emergency stop button is pushed, and for pools built after February 1, 2009, any time the flow of water through the recirculation system stops. Anti-entrapment systems such as SVRSs must work properly to stop pump. **Safety equipment includes first aid kit and biohazard kit, blankets for most whirlpools, and telephone.Personally identifiable information you provide may be used for purposes other than that for which it was collected. (Wis. Stat. §15.04 (1)(m)).