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

NAME OF WHIRLPOOL				
DATE				

## **Operating Report for Whirlpools without Controllers**

Wis. Admin. Code § ATCP 76.32(1)

Completion of this form is required to meet operating report requirements for whirlpools 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 4x Daily		Daily	Once per Week	Once per Week if used	Monthly	Monthly	As Indicated	As Indicated	As Indicated																						
Date	Water Temp (F)			***Hd		***Hd		ъ+**		*** <b>Hd</b>		***Hd		***Hd		***Нд		***Hd		***На		***Hd		pH***			Froe Chlorine or	Bromine*** (ppm)	Combined Clorine (ppm)	Total Alkalinity (ppm)	Cyanuric Acid (ppm)	Monthly Pump Safety* check(s) Completed (check box)	Monthly Safety Equipment** Check Completed (check box)	Backwashing completed when pressure indicates (check box)	Fecal incidents recorded; Death, Illness, Injury Reported as required (check box)
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<sup>\*</sup>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. Antientrapment systems, if present must function to stop pumps. \*\*Safety equipment includes first aid kit and biohazard kit, blankets for most whirlpools, and telephone.\*\*\*Test before opening, twice during peak use, and another time. Personally identifiable information you provide may be used for purposes other than that for which it was collected. (Wis. Stat. § 15.04 (1)(m)).