Anoka County
MINNESOTA
Respectful, Innovative, Fiscally Responsible

Public Swimming Pool Daily Log Sheet

State Regulations require this document to be retained for 6 years

Month_____ Year_____
Name of Pool_____
Name of Certified Pool Operator_____

Daily Tests							Other Tests				Maintenance	
Date	Free	Combined*	Main Drain	pH	Water Temp. (°F)	Flow Rate (GPM)	Alkalinity (ppm)	Calcium Hardness (ppm)	Cyanuric Acid (ppm)	Filter Pressure (PSI)	Initial	Comments: Chemicals Added, repairs, injuries, accidents, cleaning, draining, back wash, superchlorination, pool closure, etc.

*Combined Chlorine = total chlorine (DPD #3) minus free chlorine (DPD #1)

I certifiy this report is true and accurate:

Signature of Operator_____ Date_____