Weekly Pool/ Spa Operation and Injury Report

Week beginning:

Name of facility			
Address: Number & Street			
City	County		

Type
[ ] Outdoor [ ] Indoor
[ ] Pool [ ] Dive well
[ ] Wading pool [ ] Spa

Special Feature
[ ] Flume slide [ ] Kiddee slide
[ ] Rec. slide [ ] Rain drop
[ ] Speed slide [ ] Wet deck
] Drop slide

Special Use Pool | Other

Design-see data sheet/approved plans; pre-op insp. report

Pool/ Spa Surface Area (sf)
Required Turnover Rate (gpm)
Max allow flow (gpm)

Chemical Readings: First reading at opening, see rules 3701-31-06(A), 07(A)(2), and 07(B)(5)

Chemical Adjustments-Maintenance: # = lbs; g=grams; gal=gallons; L=liters

Op =operator initials **T**otal **C**hlor / **TBr**omine		TC	**TBr**		TC	**TBr**		TC	**TBr**		TC	**TBr**		TC	**TBr**		TC	**TBr**	**Water Temp ^{O} F**	**Water Clarity**	**Total Alkalinity**	**Cyanuric Acid**	**Total Dissolved Solids**	ORP	Disinfectant	Super Chlor.	Acid	Flow meter (gpm)	Pressure/ Vacuum gauge (psi)	Filter backwash	Pool Drained			Air Temp ^{0} F	Weather	Bather load
-- **F**ree **C**hlor		**-FC**			**-FC**			**-FC**			**-FC**			**-FC**			-FC																				
Comb **C**hlor		**CC**			CC			CC			CC			CC			CC																				
Sunday **date:**	Op	Op			Op			Op			Op			Op			Op																				
	am pm	am pm			am pm			am pm			am pm			am pm			am pm																				
	pH	pH			pH			pH			pH			pH			pH																				
Monday **date:**	**Op**																																				
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Tuesday **date:**	**Op**																																				
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Saturday **date:**	**Op**																																				
	am pm																																				
	pH																																				

CALCULATIONS for a typical 20ft X 40ft public pool	**WATER CHEMISTRY –** to adjust: add WATER SLOWLY to chemicals in a pail; mix dilution, disperse into pool; test; repeat as needed.
1. Area = 20 ft X 40 ft **(L X W) =** 800 sf 2. Volume = 800 sf X 4 ft **(avg depth)** = 3200 cu ft x 7.5 gal/cu ft (constant) = 24000 gal 3. Flow rate = 24000 gal / 8* hr x 60 min/hr = 50 gpm *(the required turnover rate, see rules 04(C1) and 04.1(D) 4. Filter Max Flow = 3.14 sq ft **(filter area)** X 20 gpm/sq ft **(NSF filtration rate)**= 63 gpm 5. Total Dynamic Head (TDH): the resistance to flow, within the pipes/fittings, the filter, and the heater, to move water; the typical swimming pool is ~ 50 ft TDH. 6. Pump capacity: based on pump curve, according to the following: a) Min. required flow rate = 50 gpm b) Max. allowable flow = 63 gpm * c) If pump output exceeds a), but does not exceed b) : the pump is properly sized with the filter* ***NOTE**-a throttle valve must be installed if the max. allowable filter flow is exceeded, to restrict pump capacity. A throttle valve may also be used to restrict flow to suction drains or other system components.	To Superchlorinate (whenever the Combined Chlorine value is over.2 ppm) **10** X Combined Chlorine (.2) = 2.0 ppm (Free Chlorine needed). To raise Chlorine 1ppm/ 10,000 gal of pool water: Add 2 oz. Calcium Hypochlorite (65%): 2 oz. X 4 ppm = 8 oz.; or 40 oz./ 50,000 gal To neutralize excess chlorine: Add 1 oz. sodium thiosulfate To RAISE pH per 10,000 gal of pool water, based upon BASE demand test/ Alkalinity: Add 6 oz. of sodium carbonate (Soda Ash) To LOWER pH per 10,000 gal of pool water, based upon ACID demand test/ Alkalinity: Add 12 oz. Muriatic acid; 1.0 lb. sodium bisulfate (dry acid) To RAISE Alkalinity 10 ppm/ 10,000 gal of pool water: Add approx. 1.5 lbs. sodium bicarbonate (Baking Soda) To LOWER Alkalinity 10 ppm/ 10,000 gal of pool water: Add 26 oz. Muriatic acid; Add 2.15 lbs. sodium bisulfate (dry acid) To LOWER Cyanuric Acid or Total Dissolved Solids (TDS): Drain a portion or all of the pool.

The Ohio Administrative Code requires the operator of a public swimming pool to prohibit patrons with obvious infectious wounds from using the pool as well as anyone observed passing feces, urine, or blood. The operator is also **REQUIRED TO RECORD ALL injuries and fecal accidents**. In the event of water borne illness **contact your local health district**, the Ohio Department of Health, **Bureau of Environmental Health, at 614.466.1390,** and the Ohio Department of Health, **Bureau of Infectious Disease Control at 614.466.0265.**

Fecal/ Blood/ Vomitus Accident Report If necessary, attach additional remarks and information

Date/ Time	**Description of event**
Corrective measures	
Record contact information for ALL patrons involved	

Date/ Time	**Description of event**
Corrective measures	
Record contact information for ALL patrons involved	

Date/ Time	**Description of event**
Corrective measures	
Record contact information for ALL patrons involved	

Date/ Time	**Description of event**
Corrective measures	
Record contact information for ALL patrons involved	

Injury Accident Report If necessary, attach additional remarks and information

Date/ Time	**Victim's Age [ ] M; [ ] F**	**Victim Name/ Contact information**
Description of accident-injuries		
First aid administered		**Medical authorities contacted**

Date/ Time	**Victim's Age [ ] M; [ ] F**	**Victim Name/ Contact information**
Description of accident-injuries		
First aid administered		**Medical authorities contacted**

Comments: