

# Pool Daily Inspection Records

To be inspected/tested 1/2 hour before opening

Date: \_\_\_\_\_ Pool location/name: \_\_\_\_\_

	Requirements	Time	Signature
Water clarity	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency telephone properly functioning	<input type="checkbox"/> Yes <input type="checkbox"/> No		
First aid kit fully stocked	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-conducting reaching pole on deck	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Spine board on deck	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2 buoyant throwing aids on deck	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Buoy line (for Class B pool with a slope of > 8 %)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ground current leakage detecting and de-energizing device (s) activated	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Water meter reading at beginning of day</b>	<b>Water meter reading at end of day</b>	<b>Records of any emergencies, rescues, or breakdowns of equipment, maintenance, chemicals added etc.</b>
<b>Estimated number of bathers</b>		
<b>Make-up water added 15 L per bather/day</b>		



# Pool Daily Water Chemistry Tests

Tests shall be conducted every 1/2 hour before opening and every 4 hours for pools with an automatic sensing device or every 2 hours for pools without automatic sensing device.

Date: \_\_\_\_\_ Pool location/name: \_\_\_\_\_

<b>Time:</b>														
<b>Total Alkalinity</b> 80 – 120 mg/L														
<b>pH</b> 7.2 - 7.8														
<b>Free Available Chlorine</b> Unstabilized: 0.5 – 10 mg/L Stabilized (Outdoor only): 1.0 – 10 mg/L														
<b>Total Chlorine</b> TC-FAC= combined chlorine (CC) Shock treatment should be considered when combined chlorine reaches 0.2 mg/L or above														
<b>Total Bromine</b> 2.0 – 4.0 mg/L														
<b>Water clarity</b>														
<b>ORP (if applicable – take reading once a day) 600mV – 900mV</b>														
<b>Cyanuric acid</b> (Outdoor pool – weekly test) maximum 60 ppm														
<b>Operator's initials</b>														



# Pool Monthly Tests

Year: \_\_\_\_\_ Pool location/name: \_\_\_\_\_

Month	Gravity & suction outlet covers	Ground current leakage detecting and de-energizing devices	Emergency stop button (if applicable)	Vacuum release mechanism (if applicable)
<b>January</b>	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
<b>February</b>	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
<b>March</b>	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
<b>April</b>	Date and Time	Date and Time	Date and Time	Date and Time



Month	Gravity & suction outlet covers	Ground current leakage detecting and de-energizing devices	Emergency stop button (if applicable)	Vacuum release mechanism (if applicable)
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
<b>May</b>	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
<b>June</b>	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
<b>July</b>	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
<b>August</b>	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature



Month	Gravity & suction outlet covers	Ground current leakage detecting and de-energizing devices	Emergency stop button (if applicable)	Vacuum release mechanism (if applicable)
<b>September</b>	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
<b>October</b>	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
<b>November</b>	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
<b>December</b>	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature

