

Weekly Water Quality Report Form

Facility Name _____ Week Date From _____ to _____

Type of Pool Swim Spa Wade Activity Lap Therapy Other _____

Day/Date	Time of day	Disinfectant CI (Br x 2)										Filter Pressure (psi)	Comments (Manual Chem Feed, Backwash, Breakdowns, Injuries, Accidents, ORP, CPOs Initials)		
		Sanitizer Interlock (Weekly)	Suction Outlets (Daily)	Free 1-10 Spa 2-10	Combined <+0.5	pH 7.2-7.8	Flow Rate Min=___	Calcium Hardness	Temp Max= 104°F	Total Alkalinity >50ppm	Cyanuric Acid <100ppm				
Monday	AM														
	PM														
Tuesday	AM														
	PM														
Wednesday	AM														
	PM														
Thursday	AM														
	PM														
Friday	AM														
	PM														
Saturday	AM														
	PM														
Sunday	AM														
	PM														