



ENVIRONMENTAL HEALTH CONSORTIUM
CUDAHY • SOUTH MILWAUKEE • ST FRANCIS
Ph. 414-768-8055 • www.smwi.org
Jacklyn Morales, RS
jmorales@smwi.org

RETURN TO:
South Milwaukee/St Francis Health Department
2424 15th Avenue
South Milwaukee, WI 53172
Fax: 414-768-5720 • E-Mail: ehlicensing@smwi.org

MONTHLY REPORT ON PUBLIC POOL OPERATION

Month/Year: _____

Chapter DATCP 76 of the Wisconsin Administrative Code requires that Monthly Reports on the operation of public pools be submitted to the Health Department. The pool operator or person in charge shall fill in the data indicated on the report as completely as possible. A separate report should be filled out for each pool.

Please mail, fax, or e-mail the report to the address above. Reports must be submitted to the Health Department by the 10th day of the following month.

NAME OF POOL	ADDRESS
--------------	---------

TYPE OF POOL: Swimming Pool Whirlpool Wading Pool Water Attraction, # of slides: _____ Other: _____

The following items should be checked regularly to assure that they are being properly maintained:

(Place an X if equipment is on hand and properly maintained.)

<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Depth Markings	<input type="checkbox"/> Test Kit	<input type="checkbox"/> Spine Board	<input type="checkbox"/> Emergency Phone
<input type="checkbox"/> Handrails/Grabrails	<input type="checkbox"/> Shepard's Crook/Ring Buoy	<input type="checkbox"/> Two Blankets	<input type="checkbox"/> Safety Rope	<input type="checkbox"/> Lifeguard Chair

Is the pool VGBA compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Brand name of your VGBA drain cover:	Date it was replaced:	<u>Interlock test date:</u>	<u>Who conducted interlock testing?</u>
Are there lifeguards on duty? <input type="checkbox"/> Yes, # _____ <input type="checkbox"/> No	Lifeguard Staffing Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your facility offer instructional programs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are instructional programs staffed by a lifeguard? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Remarks: Please note any

1. Unusual occurrence(s) and corrective actions
2. Chemical levels that do not comply with code requirements
3. Changes in equipment (All equipment must be NSF approved or equivalent)
4. Changes in person responsible for pool maintenance
5. Fecal accidents and illness, injury or death reports
6. Any issues with conducting interlock test:

Person responsible for pool maintenance:	
NAME	CONTACT INFO (Phone/Email)

Authorized Signature		
SIGNATURE	TITLE	DATE

Instructions: All the information must be filled in daily and signed by the person in charge.

Patron Loading: Columns must show the maximum number of patrons using the pool at any one time and total number patrons for the entire day.

Water Appearance: Place an 'X' in the clear or turbid column.

Water Attraction/Slide Inspection: Place and 'I' in the column after performing the daily inspection and operation test.

Filter Backwash: Place a 'B' in the column for any day the filter is backwashed.

Cartridge Filter Cleaned/Changed: Place a 'C' in the column for any day the cartridge filter is cleaned or changed.

Whirlpool Drained: Place a "D" in the column for any day the pool is drained.

Chemical Control: Enter pH and chlorine/bromine/ORP test readings. Test swimming pools at least twice daily and whirlpools at least four times daily. If an ORP with a digital read is used, then only 1 test is required.

Record combine chlorine, alkalinity, and cyanuric acid as required. Enter the amount of each chemical used as lbs or gals.

Pool Name:

Month/Year:

TYPE OF POOL: Swimming Pool Whirlpool Other _____

LOCATION: Indoor Outdoor

TYPE OF DISINFECTANT:

DAY OF MONTH	PATRON LOADING		WATER APPEARANCE		WATER TEMP	PRESSURE GAUGE READING	FLOWMETER READING	INSPECTED (I) BACKWASHED (B) CHANGED (C) DRAINED (D)	CHEMICAL CONTROL								INITIALS OF TESTER					
									AM		PM		FREE CHLORINE OR BROMINE		pH READING			FREE CHLORINE OR BROMINE		pH READING		COMBINED CHLORINE
	Max.	24hr	Clear	Turbid		PSI	GPM		1	2	1	2	3	4	3	4	PPM	PPM	PPM	Name	Quantity	PPM
1																						
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
11																						
12																						
13																						
14																						
15																						
16																						
17																						
18																						
19																						
20																						
21																						
22																						
23																						
24																						
25																						
26																						
27																						
28																						
29																						
30																						
31																						

Interlock test date: _____