



ENVIRONMENTAL HEALTH CONSORTIUM
CUDAHY • SOUTH MILWAUKEE • ST FRANCIS
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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.)			
First Aid Kit	Depth Markings	Test Kit	Spine Board
Handrails/Grabrails	Shepard's Crook/Ring Buoy	Two Blankets	Safety Rope
Emergency Phone	Lifeguard Chair		
Brand name of your VGBA cover:	Date it was last replaced:	Date interlock testing was conducted:	Who conducted interlock test:
Are there lifeguards on duty? Yes, # _____ No	Lifeguard Staffing Plan? Yes No	Does your facility offer instructional programs? Yes No	Are instructional programs staffed by a lifeguard? Yes No
Remarks: <i>Please note any</i> 1. Unusual occurrence(s) and corrective actions 3. Changes in equipment (All equipment must be NSF approved or equivalent) 5. Fecal accidents and illness, injury or death reports 2. Chemical levels that do not comply with code requirements 4. Changes in person responsible for pool maintenance			
Person responsible for pool maintenance:			
NAME		CONTACT INFO	
Authorized Signature			
SIGNATURE		TITLE	DATE

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