Water Quality Records			Week Beginning (m/d/	y):
Name of facility Address City	Pool type Pool SPA Splash	Min Flow Rate:	Actual Flow Rate:	Franklin County Public Health Inspector & Contact Information:

Test disinfection residual prior to opening and every four hours. With ACC, test prior to opening and every 12 hours.

Da	ily testing	Sunday		Monday			Tuesday				Wednesday				Thursday				Friday			Saturday					
Tin	ne of test																										
	Free CI ppm, 1 min pool, 2 min spa/splash																										
	Combined CI (ppm) 1.0 PPM max																										
	Total CI (ppm)																										
	Total bromine (ppm) 2.0 PPM min																										
Test	pH 7.2 - 7.8																										
Te	Water clarity - continually assess																										
	Water temp(F ^o) - once a day																										
	Cyanuric acid (ppm) less than 70																										
	Total alkalinity (ppm) greater than 60																										
	ORP greater than 650 (for ACC)																										
	Disinfection																										

Hyperchlorination (gal/#) (m/d) Acid(#) Sodium carbonate (soda ash) (#) Bicarbonate(#) Document equipment change Press/Vac gauge(psi) Filter backwash (m/d) Pool drainage (m/d) ACC functional/tested monthly (m/d) SVRS functional/tested monthly (m/d) SyRS functional/tested monthly (m/d) Spa drained every 30 days?

Splash pad drained every 90 days?

Adequate chemicals in stock?

Fecal Incident? Guidelines here:

Pool Closed: Y or N? DATE:

Order more? Safely stored? **NOTES:**

https://www.cdc.gov/healthywater/swimming/pdf/fecal-incident-response-guidelines.pdf

A) Calculations:	B) Water Chemistry: to adjust water quality ALWAYS add CHEMICALS SLOWLY to WATER in a pail; mix dilution, disperse into pool slowly when the pool is closed; test.
1. Area = (LXW)	
2. Volume = Area X avg depth x 7.5 gal/cu ft (rounded up constant) 3. Flow rate = Volume/the required turnover rate	To raise Chlorine (1ppm/10,000 gal of pool water): add 2 oz Calcium Hypochlorite (65%); add 10.7 fl oz Sodium Hypochlorite (12%)
= gpm (the min required now rate see rules 04bol and 05.1(r)(12) 4. Filter Max Flow = sq ft (filter area) X gpm/sq ft (NSF filtration rate) = gpm	To neutralize excess chlorine (1ppm/10,000 gal of pool water): add 1 oz Sodium Thiosulfate- carefully, or more chlorine will be required to off set the extra neutralizer
5. Total Dynamic Head (TDH): the resistance to flow within the pipes-fittings, the filter, and the heater to move water; the typical pool is approx. \simeq 50 ft TDH.	To LOWER Cyanuric Acid, Total Dissolved Solids (TDS), or Calcium Hardness: drain a portion or all of the pool.
 Pump size: based on the pump curve, according to the following: a) Min. required flow rate b) Max. allowable flow 	To RAISE pH (.2 units/10,000 gal of pool water- based upon BASE demand test/ Alkalinity): add 6 oz of Sodium Carbonate (Soda Ash)
c) If pump output exceeds a), but does not exceed b): the pump is properly sized with the filter*	To LOWER pH (.2 units/10,000 gal of pool water, based upon ACID demand test/ Alkalinity): add 12 oz Muriatic acid or 1.0 lb. Sodium Bisulfate (dry acid)
*NOTE-a throttle valve must be installed if the max. allowable filter flow-b) is exceeded, to restrict pump capacity. A throttle valve may also be used to restrict flow to suction drains or other system components.	To RAISE Alkalinity (10 ppm/10,000 gal of pool water): add approx. 1.5 lbs. Sodium Bicarbonate (Baking Soda)
otner system components.	To LOWER A lkalinity (10 ppm/10,000 gal of pool water): add approx. add 26 oz Muriatic acid or 2.15 lbs. Sodium Bisulfate (dry acid)
	To RAISE Calcium Hardness (10 ppm/10,000 gal of pool water, based upon Calcium Hardness test): add .9 lbs Calcium Chloride Dihydrate (100%)
	Source: National Swimming Pool Foundation
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 suspected water borne illness contact your local health district and the Ohio Department of Health, Bureau of Environmental Health, at 614.466.1390.	trons with obvious infectious wounds from using the pool as well as anyone observed pass- accidents. In the event of suspected water borne illness contact your local health district
Fecal/Blood/Vomitus Accident Report If necessary, attach additional remarks and information	and information
Date Time	Description of event
Corrective measures	
Date Time	Description of event
Corrective measures	
Record contact information on a separate page for ALL patrons involved	
Injury Accident Report If necessary, attach additional remarks and information	
Date Time Victim's age [] ☐ Male ☐ Female	Victim(s) name/Contact information
Description of accident-injuries	
First aid administered	
Comments	