

Weekly Water Quality Report Form

Facility Name: _____ Week Date From: ____ / ____ /20__ to ____ / ____ /20__

Type of Pool Swim Spa Wade Activity Lap Therapy _____

Day Date	Time of Day	Suction Outlets	Disinfectant CI (Br x 2)		pH 7.2-7.8	Flow Rate Min=____	ORP (>700)	Temp Max= 104°F	Alk >50ppm	Cyanuric Acid <100	Filter Pressure (psi)	Comments:*
			Free 1-10 Spa 2-10	Combined < +0.5								
Monday _____	AM											
	PM											
Tuesday _____	AM											
	PM											
Wednesday _____	AM											
	PM											
Thursday _____	AM											
	PM											
Friday _____	AM											
	PM											
Saturday _____	AM											
	PM											
Sunday _____	AM											
	PM											

*Manual Chem Feed, Backwash, Breakdowns, Injuries, Accidents, CPOs Initials