SANITATION BRANCH
TELEPHONE NUMBER: (808) 586-8000 FAX: (808) 586-4729

STATE OF HAWAII
DEPARTMENT OF HEALTH

PUBLIC FRESHWATER SWIMMING POOL DAILY OPERATION REPORT

(Keep on file for twelve months)

Pool Name: _____ Pool Operating Hours: _____ Year: _____

DATE (mo/day)	Water Clarity (Disc Visible)	Pump and Filters Operating Hours	Rate of Flow Meter (Gal/Min)	Disinfectant Type and Residual (ppm)	pH	Chemicals Added to Pool (Name and Amount)	Operator's Initials

San 07/02

Total Alkalinity (monthly): Date: Reading:

(Continue on back)

PUBLIC FRESHWATER SWIMMING POOL DAILY OPERATION REPORT

(Keep on file for twelve months)

DATE (mo/day)	Maintenance and/or Malfunctioning of Equipment	Accidents (fecal or vomitus) and Actions Taken	Operator's Initials