RACINE COUNTY PUBLIC HEALTH DIVISION

MONTHLY REPORT ON SWIMMING POOL OPERATION

Chapter ATCP 76 of the Wisconsin Administrative Code requires that Monthly Reports on the operation of swimming pools be submitted to the Department. The pool operator or person in charge shall fill-in the data indicated on the report as completely as possible.

Submit to the Racine County Public Health Division no later than the 10th day of the following month.

SEND REPORT TO: Racine County Public Health Division
9531 Rayne Rd, Suite V
Sturtevant, WI 53177

OR Text: (262) 898-4495
(262) 898-4467
(262) 898-4493
(262) 898-4488

OR Email: Charles.Dykstra@racinecounty.com
Jennifer.Loizzo@racinecounty.com
Kevin.Plachinski@racinecounty.com
Lindsey.Visona@racinecounty.com

Name of Pool:	Address:	Operator:

1) 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 ☐ Approved Test Kit ☐ Two (2) Blankets ☐ Handrails or Grabrails ☐ Lifeguard Chair (if applicable)
☐ Biohazard Spill Kit ☐ Shepherd's Crook or Ring Buoy ☐ Depth Markings ☐ Safety Line (if applicable) ☐ Spine Board with Straps (if applicable)

2) **PLEASE NOTE ANY CHANGE IN EQUIPMENT:** (Please call your regional or local health department before installation.)

Item _____ Manufacturer _____

Model #_____ Installed by_____ Date _____

3) Eye/respiratory Irritation, Illness or Injury? Please document type of irritation, illness or injury, date and outcome. (If EMS is called please fill out and submit Death, Injury and Illness Form to DATCP)

_____

_____

4) Fecal Accident? Please document date of incident and response. (Complete and file the Fecal Accident Form and save for 2 years)

_____

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5. Monthly Interlock Test: Document the date, results, and the name of the person performing the test.

_____

COMMENTS:

_____

_____

Signature _____ Title _____ Date _____

NAME OF FACILITY_____ ☐SWIMMING POOL ☐WHIRLPOOL ☐OTHER_____ MONTH/YEAR _____

DISINFECTANT:_____

Testing Frequency: Free Chlorine (FC) or Bromine (Br) and pH levels – 2X/day for pools and 4X/day for whirlpools
Alkalinity (Alk) – 1X/week for pools and whirlpools
Combined Chlorine (CC) –1X/day for pools and whirlpools *(N/A for Bromine)*
Cyanuric Acid (CA) – 1x/week for pools and whirlpools *(stabilized chlorine only)*

Closing Criteria: pH - Less than 6.8 or equal to or greater than 8.0.
Free Chlorine (Pools) – Less than 1.0ppm or greater than 10ppm
Free Chlorine (Whirlpools) – Less than 3.0ppm or greater than 10ppm
Bromine (Pools) - Less than 3.0ppm or greater than 10ppm
Bromine (Whirlpools) – Less than 4.0ppm or greater than 10ppm

Day	Water Clarity Clear (C) Turbid (T)	Water Temp	Pressure Gauge PSI	Flow Meter GPM	Test #1		Test #2		Test #3		Test #4		CA	ALK	CC	Corrective Actions			Initials
					FC/Br	pH	FC/Br	pH	FC/Br	pH	FC/Br	pH				Pool Closed X	Break Point X	Notes (Chemical added and amount)	
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