



# SWIMMING POOL RECORD OF OPERATION

State Form 12279 (R5 / 4-11)  
INDIANA STATE DEPARTMENT OF HEALTH

Pursuant to 410 IAC 6-2.1 and 38, this form must be logged daily and retained for one (1) year.

Name of facility	Week ending date (month, day, year)	Type of pool (indoor, outdoor, wading, wave, spa, waterslide, other pool)
------------------	-------------------------------------	---

Day	DAILY						WEEKLY						Name of Person Logging Entry		
	Disinfectant Residual Cl <sub>2</sub> , Br <sub>2</sub> (ppm)			pH 7.2 – 7.8		Water Temperature	Combined Chlorine (TC-FC=CC)		Total Alkalinity	Cyanuric Acid	Bacteriologic Test			Breakpoint chlorination / Superoxidation CC ≥.5 ppm	
	Opening	Second	Third	Opening	Second	Spa ≤104°F	First	Second	80-120 ppm	<60 ppm	Sample	Result		Amount Added	Cl <sub>2</sub> / non-Cl <sub>2</sub>
Sunday															
Monday															
Tuesday															
Wednesday															
Thursday															
Friday															
Saturday															

Name of powder / solution use for disinfection
--

Day	Number of Bathers	Flow Rate (gpm)	Bottom / Walls Cleaned?	Fresh Water Added (gallons)	Filter Back Wash	Operating Period of Water Recirculation (What time of day did recirculation operate – hours?)	Chemical Usage <i>Record all chemicals used in pounds / gallons.</i>				Remarks / Comments <i>Fecal or vomit accident, maintenance and malfunction of equipment, shutdown of filters or disinfecting equipment, power failures, sickness, injuries or any other unusual conditions</i>
							Acid	Soda Ash	Algacide	Other	
Sunday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											

Additional comments
---------------------