

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 Cl (Br x 2)		pH (7.2-7.8)	Flow Rate Min=____	ORP-HRR (>700)	Temp Max= 104°F	Alk >50ppm	Cyanuric Acid <100	Filter Pressure (psi)	Comments:*
			Free (1-5)	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