

AQUATIC VENUE MAINTENANCE LOG

FACILITY:

OPERATOR/SERVICE COMPANY:

OPERATOR/SERVICE COMPANY PHONE #:

AQUATIC VENUE:

WATER VOLUME (GALLONS):

MINIMUM REQUIRED FLOW (GPM):

MAXIMUM FILTER FLOW (GPM):

DATE MONTH: _____ YEAR: _____	WATER TESTS						RECIRCULATION/FILTRATION SYSTEM					REMARKS	
	DISINFECTANT RESIDUAL	pH	TOTAL ALKALINITY	CYANURIC ACID	WATER TEMPERATURE	MICROBIOLOGICAL TESTING (TIME/RESULT)	PUMP PRESSURE GAUGE (PSI)	PUMP VACUUM GAUGE (inHg)	FLOW METER (GPM)	FILTER PRESSURE GAUGE (PSI)	TIME OF BACKWASH	ATTENDANCE	Include events such as: closed pool and reason why, drained pool, added water treatments such as algaecide, equipment maintenance and changes, corrective actions taken, changed sand in filters, equipment failure, secondary disinfection systems, WQTD calibration, etc.
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