

Weekly Water Quality Report Form

Facility Name: _____ Week Date From: ____/____/20____ to ____/____/20____

Type of Pool Swim Spa Wade Activity

Day Date	Time of Day	Drain Covers	Disinfectant Free Pool 1-10 Spa 2 - 10	Combined < 0 .5	pH 7.2 –7.8	Flow Rate Min = _____	ORP (>700)	Temp Max = 104°F	Alkalinity > 50ppm	Cyanuric Acid <100ppm	Filter Pressure (psi)	Comments: (manual chemical feed, backwash, breakdowns, injuries, accidents)
Monday _____	AM PM											
Tuesday _____	AM PM											
Wednesday _____	AM PM											
Thursday _____	AM PM											
Friday _____	AM PM											
Saturday _____	AM PM											
Sunday _____	AM PM											

