

# Public Pool Record Keeping



## Daily Public Pool Records (Ontario Regulation 565)

Date	<input type="checkbox"/> Monday YYYY/MM/DD	<input type="checkbox"/> Tuesday YYYY/MM/DD	<input type="checkbox"/> Wednesday YYYY/MM/DD	<input type="checkbox"/> Thursday YYYY/MM/DD	<input type="checkbox"/> Friday YYYY/MM/DD	<input type="checkbox"/> Saturday YYYY/MM/DD	<input type="checkbox"/> Sunday YYYY/MM/DD
Hours of operation	Open: am/pm Close: am/pm	Open: am/pm Close: am/pm	Open: am/pm Close: am/pm	Open: am/pm Close: am/pm	Open: am/pm Close: am/pm	Open: am/pm Close: am/pm	Open: am/pm Close: am/pm

## Daily Pool Water Tests

½ hour before opening **AND** every 2 hour test without sensing device **OR** every 4 hour test with an automatic sensing device

	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
Total Alkalinity (80.0 ppm – 120.0 ppm)												
pH (7.2 – 7.8)												
Free Available Chlorine (FAC) check one box -> <input type="checkbox"/> Without Cyanurate Acid (CYA) <input type="checkbox"/> With Cyanurate Acid (CYA)												
Without CYA (0.5 – 10.0 ppm) With CYA (1.0 – 10.0 ppm)												
Total Chlorine												
Total Bromine (2.0 ppm – 4.0 ppm)												
Water Clarity												
Operator's Initials												

## Daily Pool Safety Records

Emergency Telephone	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date YYYY/MM/DD	Operator's Signature
Ground Fault Interrupter	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date YYYY/MM/DD	Operator's Signature
First Aid Kit	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date YYYY/MM/DD	Operator's Signature
Non-conducting Reaching Pole	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date YYYY/MM/DD	Operator's Signature
2 Buoyant Throwing Aids with Adequate Rope	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date YYYY/MM/DD	Operator's Signature
Spine Board	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date YYYY/MM/DD	Operator's Signature
Estimated # of Bathers during operation: _____	Make-up water meter reading end of day: _____	Make-up water added: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____	Oxidation Reduction Potential Value, if applicable: _____mV	Operator's Signature

### Additional Notes

(e.g. records of emergency breakdown, rescue equipment breakdown, back washing, chemical added manually, cleaning, etc.)

## Weekly Outdoor Public Pool Test for Cyanuric Acid

<b>Week 1</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 2</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 3</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 4</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 5</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 6</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 7</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 8</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 9</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 10</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 11</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 12</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 13</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 14</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 15</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 16</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 17</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 18</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 19</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 20</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 21</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 22</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 23</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature
<b>Week 24</b>	Date YYYY/MM/DD	Time am/pm	Reading _____ ppm	Operators Signature

## Public Pool Monthly Tests

Month	Inspection of gravity and suction outlet covers, etc.	Ground fault circuit interrupter <small>Must be tested either monthly or according to the manufacturer's instructions, whichever is more frequent</small>	Emergency Stop Button <small>(if applicable)</small>
<b>January</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>February</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>March</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>April</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>May</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>June</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>July</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>August</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>September</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>October</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>November</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>December</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken

