

Monthly Pool Record – Month: _____ Year: _____

Name of Pool: _____ Circle Type of Pool: Swimming, Wading, Spa, Other

CPO Name(s): _____

Date	Time	Free Cl	pH	Drains	Temp	TA*	CA*	Maintenance (Backwash, Vacuum, Chemicals)	CPO Signature
1									
2									
3									
4									
5									
6									
7									
8									
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26									
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28									
29									
30									
31									

*Check and record total alkalinity (TA) and cyanuric acid (CA) weekly. The Pool Operator shall inspect the pool daily and maintain written records.