



SWIMMING FACILITY DAILY OPERATIONAL REPORT

This form must be completed daily and maintained at the facility for at least three years.

Facility Name					City					Month		Year	Name of Pool or Spa				
Day	pH 7.2 to 7.6				Turbidity	Sanitizer	Cl 1 to 4, Br 2 to 8ppm				Flowrate	Filter Backwashed Yes or No	Temperature	Combined Chlorine PPM	Cyanuric Acid PPM	Completed By Initials	Remarks Include comments relating to equipment failure, closure, injuries, weather, fecal accidents, etc.
	Shallow		Deep		Main Drain Visible?	Shallow		Deep		Required Gallons per Minute _____	76 to 92 pool, 104 max spa						
	a.m.	p.m.	a.m.	p.m.	Yes or No	a.m.	p.m.	a.m.	p.m.		Degrees F						
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The Illinois Department of Public Health is requesting disclosure of information necessary to accomplish the statutory purpose as outlined under Public Act 097-0957. Disclosure of this information is mandatory.

The pool must be closed if: The main drain is not visible from the deck; the chlorine residual is < 0.5 or > 5.0 ppm; the bromine residual is < 1.0 or > 10 ppm; the pH is < 6.8 or > 8.0 when pumps or filters are inoperable; a main drain or suction cover is loose, broken or missing; or another condition exists as described in Section 820.330 of the Swimming Facility Code.