

**ARKANSAS DEPARTMENT OF HEALTH  
ENVIRONMENTAL HEALTH PROTECTION  
ENVIRONMENTAL HEALTH SERVICES**

**SWIMMING POOL OPERATION RECORD**

**NAME OF POOL:** \_\_\_\_\_ **MANAGER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

CHEMICAL READINGS							CHEMICALS ADDED				WATER TEMP.	MAKE-UP WATER	FILTERS BKWASHED	BATHER LOAD	ACCIDENT *
DATE	FREE CHLOR	PH	TOTAL CHLOR	ALKAL	CYAN. ACID	HARD- NESS	CHLOR	SODA ASH	ACID	OTHER					

**REMARKS:** \_\_\_\_\_

Keep original in your files; on request, submit to your county sanitarian.

\* COMPLETE ACCIDENT REPORT FORM

\_\_\_\_\_  
Signature