



BATHING PLACE OPERATION RECORD

Week of: _____

1. Facility Name / Tank Designation											
2. Gallons in tank		Required Flow Minimum				gpm		Maximum Allowed		gpm	
3. Bathing Load Maximum											
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday				
4. Safety Equipment Checked / Observed											
5. Tank Cleaned/Vacuumed/Baskets emptied											
6. Decks Disinfeted / Bathouse Cleaned											
7. Number of Patrons (daily)											
8. Number of Accidents (daily)											
9. Number of Lifeguards/Attendants (daily)											
10. Pool Hours (Open / Closed)		/	/	/	/	/	/	/	/	/	
FILTER TYPE: _____ Size: _____ sq. ft.											
11. Backwashed (min./gal.)/Cleaned											
12. Gauge Readings (influent / effluent)		/	/	/	/	/	/	/	/	/	
13. Gallons Makeup Water Added											
14. Strainer Gauge Reading											
15. Flowmeter Reading (gpm) / temp (F)		/	/	/	/	/	/	/	/	/	
CHEMICALS ADDED - Amount (16-22)		Brand/Model Feeder					Sanitizer Type				
16. Chlorine _____ Bromine _____											
17. Soda Ash (pounds, ounces)											
18. Muriatic Acid (ounces, quarts, gallons)											
19. Sodium Bicarbonate (pounds, ounces)											
20. Calcium Chloride (pounds, ounces)											
21. Cyanuric Acid Stabilizer (pounds, ounces)											
22. Other - Specify kind and amount											
REQUIRED TESTS - DAILY		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
23. Combined Chlorine (ppm)											
24. Cyanuric Acid Stabilizer (ppm)											
Enter: time/ sanitizer reading/ pH		T S pH	T S pH	T S pH	T S pH	T S pH	T S pH	T S pH	T S pH	T S pH	
25. First Test Series		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
26. Second Test Series		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
27. Third Test Series		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
28. Fourth Test Series		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
Enter:time/ turbidity/ drain cover on		T Tu DC	T Tu DC	T Tu DC	T Tu DC	T Tu DC	T Tu DC	T Tu DC	T Tu DC	T Tu DC	
29. First Observation Series		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
31. Second Observation Series		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
32. Third Observation Series		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
33. Fourth Observation Series		/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	
REQUIRED TESTS - WEEKLY (minimum - recommended daily)											
34. Total Alkalinity				37. Copper							
35. Calcium Hardness				38. Iron							
36. Water Blance pH				39. Total Dissolved Solids							
40. Comments											

41. Certified Operator In Charge						Operator Number					
42. Pool Manager/Owner						Operator Number					
Signed: _____						Must be CPO					
						Date:					

INSTRUCTIONS FOR FILLING OUT A PBP RECORD FORM

This form is filled out daily for each tank.

Keep one blank form. Make a form for each tank to make copies from after filling in the information that does not change. Keep a copy on hand and one in the file for three years. If closed put "closed" under that day in sections 7/8/9 and record tests and maintenance done (4/day not required if closed).

**BOLD ITEMS ARE CRITICAL VIOLATIONS – CLOSE OR CORRECT IMMEDIATELY
YOU MUST HAVE PERMISSION TO CHANGE FILTERS, FEEDERS and/or SANITIZERS**

Line 1: Facility Name/Tank Designation – facility name and which tank it is

Example: conan's Health Club – Men's Spa

Line 2: Gallons in tank / minimum flow (posted); maximum flow (for filter, main drain)

Line 3: Maximum bathing load – posted at tank (see formula)

Line 4: Safety equipment checked – ie, repair – rope/hook/lifeline attached, etc.

Presence is checked when tests are taken – 4 X / day

Line 5: Tank cleaned and vacuumed, baskets emptied

Line 6: Deck cleaned and disinfected & bathhouse cleaned (if any).

Line 7: Total number of persons using the tank that day – estimate if necessary

Line 8: Number of accidents. For accidents involving serious injury, death, or drowning call the health department ASAP and send a written report within 7 days.

Line 9: Number of certified lifeguards on duty. (1, 4-10, etc.) (NA if not req.)

Line 10: Time tank is opened and closed for use. Example 10a/8p (Set by facility)

Filter Type/Size – Type: Sand, DE, Cart; Size: total square feet of filter area (from tank plate)

Line 11: Filter backwashed/cleaned – minutes backwashed / total gallons discharged

Line 12: Influent/effluent gauge readings (prior to backwash)

Line 13: Gallons of make-up water added (daily/after backwash)

Line 14: Strainer (compound) gauge reading (before cleaning)

Line 15: **Flowmeter reading and temperature of water if tank heated**

CHEMICAL ADDED: Amount-Lines 16-22; Brand Feeder / Kind of Sanitizer in use

Line 16: Check kind and fill out amount in boxes – estimate lbs., oz., etc.

Line 17-22: Amount of chemical added to the tank – estimate lbs., oz., etc.

REQUIRED TESTS – DAILY

Line 23: Combined chlorine: treat if CC above 0.2ppm – breakpoint, superchlorinate

Line 24: Cyanuric Acid (Stabilizer) ppm: drain/dilute (backwash) if over 50ppm

Line 25-28: **Take tests 4 times per day & enter readings under appropriate heading**

T=Time, S=Sanitizer in ppm, pH= pH reading

Line 29-32: **Make observations 4 times per day & enter readings under appropriate headings**

Tu=Turbidity (S-can see main drain clearly from all parts of deck; U-cannot clearly see drain)

DC = Main drain cover on and secured (Y/N)

REQUIRED TESTS – WEEKLY

Line 33-35: Test for TA, CH and record Water Balance pH weekly or as needed

Line 36-37: Spas only. Drain or treat if >0.2ppm/0.3ppm. Treatment may cause staining.

Line 38: TDS. Spas: weekly. Pools: In – every three months; Out - begin/end of season.

Line 39: Comments – Additional tests or information recorded here.

Line 40: CPOIC – Certified Operator In Charge name and CPO number.

Line 41: Name of manager/owner in charge and number if acting as CPO

Line 42: **Signature of persons on Line 38 or 39. Date of signature.**

Record other CPO name(s) and number(s) below.