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OREGON HEALTH AUTHORITY

Aquatic Venue Daily Record Sheet ___/___

mo/yr

Facility Name:

Type:
☐ Pool ☐ Spa ☐ Wading
☐ Splash Pad ☐ Other _____

Location: _____

Maximum Bather Load: _____
Pool/Spa Volume: _____
Min. Turnover Rate (gpm): _____
Type of Cyanuric Acid (CYA):
☐ Dichlor ☐ Trichlor ☐ Liquid ☐ Granular ☐ NA

Monthly Testing
Calcium Hardness: _____ ppm
Saturation Index: _____
GFCI Devices: ☐ Pass ☐ Fail

Quarterly Testing
Total Dissolved Solids: _____ ppm

DATE	Daily Pre-Opening Tests								Free Cl / Br / ORP & pH Readings (Every 4 Hours)																	Comments:
									_____am/pm			_____am/pm			_____am/pm			_____am/pm			_____am/pm					Number of Bathers Chemical Added / Amount Pool Problems Mechanical Breakdowns Swimmer Accident → (File Accident Report) Backwashed Filters Cleaned
	Clarity Acceptable? Y/N	Free Cl / Total Br / ORP	Combined Chlorine	pH	Flow Rate - GPM	Daily Insp Done? Y/N	Total Alkalinity (weekly)	CYA (24h | wk | mo)	*Free Cl / Total Br / ORP*	*pH*	*Temp °F (heated venues only)*	*Free Cl / Total Br / ORP*	*pH*	*Temp °F (heated venues only)*	*Free Cl / Total Br / ORP*	*pH*	*Temp °F (heated venues only)*	*Free Cl / Total Br / ORP*	*pH*	*Temp °F (heated venues only)*	*Free Cl / Total Br / ORP*	*pH*	*Temp °F (heated venues only)*	Operator Initials		
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View the Water Quality Standards Table

Rev. 04/25, Special thanks to Marion County for formatting