

MONTHLY REPORT ON SWIMMING POOL OPERATION

Chapter HFS 172 of the Wisconsin Administrative Code requires that Monthly Reports on the operation of swimming pools be submitted to the Department. The pool operator or person in charge shall fill-in the data indicated on the report as completely as possible.

SEND REPORT TO: The State Division of Public Health Northeastern Regional Office, 200 North Jefferson Street, Room 511, Green Bay, WI 54301-5123
 Phone Number: 920-448-5223, or Your Local Agent Health Department

Name of Pool:	Address:	Operator:
1) The following items should be checked regularly to assure that they are being properly maintained: (Place an X if equipment is on hand and properly maintained.)		
First Aid Kit (24 unit)	DPD Test Kit	Two (2) Blankets
Handrails or Grabrails	Shepherd's Crook or Ring Buoy	Depth Markings
		Spine Board with Straps
		Safety Line
		Lifeguard Chair
2) PLEASE NOTE ANY CHANGE IN EQUIPMENT: (All equipment must be NSF approved or equivalent. If you have any questions regarding approved equipment, please call your regional or local health department before installation.)		
Item _____	Manufacturer _____	

Model # _____	Installed by _____	Date _____

3) Is there a new person responsible for pool maintenance? Yes Name of person _____ If so, please contact your regional or local agent health department.	4) Are lifeguards on duty? Yes How many? _ No	5) Lifeguard Staffing Plan Yes No
6) Illness or Injury? Yes If so, please state type of illness or injury, date and outcome. _____ _____		

REMARKS: Please comment on any unusual occurrence(s) and actions to correct conditions and chemical levels that do not comply with code requirements:

Signature _____ Title _____ Date _____
