ER-32
Revised 4/2003

_____ DEPARTMENT OF HEALTH
RECREATIONAL WATER FACILITY
WEEKLY OPERATIONAL REPORT

FACILITY NAME:_____ WEEK ENDING: _____

ADDRESS: (Street) _____ ☐ GAS CHLORINATOR ☐ SAND FILTRATION

(Town) _____ ☐ HYPO CHLORINATOR ☐ D.E. FILTRATION

(County) _____ ☐ TABLET-ERROSION CHLORINATOR ☐ SODA ASH FEEDER

PHONE NUMBER: _____ LIFEGUARD REQUIRED Y / N

| DAY | # of Bathers | # of Lifeguards Required | Filters Washed Y/N | Hours Chlorinator Operated | Total Alkalinity | SWIMMING POOL | | | | | | | | | | | | OTHER WATER FACILITIES Please specify_____ (ie Wading Pool, Lazy River, Water Slide) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | SHALLOW | | | | | | DEEP | | | | | | | | | | | |
| | | | | | | AM | | PM | | EVE | | AM | | PM | | EVE | | AM | | PM | | EVE | |
| | | | | | | pH | $Cl_2$ | pH | $Cl_2$ | pH | $Cl_2$ | pH | $Cl_2$ | pH | $Cl_2$ | pH | $Cl_2$ | pH | $Cl_2$ | pH | $Cl_2$ | pH | $Cl_2$ |
| Sun | | | | | | | | | | | | | | | | | | | | | | | |
| Mon | | | | | | | | | | | | | | | | | | | | | | | |
| Tues | | | | | | | | | | | | | | | | | | | | | | | |
| Wed | | | | | | | | | | | | | | | | | | | | | | | |
| Thur | | | | | | | | | | | | | | | | | | | | | | | |
| Fri | | | | | | | | | | | | | | | | | | | | | | | |
| Sat | | | | | | | | | | | | | | | | | | | | | | | |

REMARKS: _____

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MAIL TO: Your Local Health Department Qualified Water Facility Operator _____