

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.

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.)			
<input type="checkbox"/> Self-latching and lockable gate/door	<input type="checkbox"/> First Aid Kit (24 unit)	<input type="checkbox"/> Two (2) Blankets	<input type="checkbox"/> Emergency Phone (test)
<input type="checkbox"/> DPD Test Kit	<input type="checkbox"/> Handrails or Grabrails	<input type="checkbox"/> Shepherd's Crook or Ring Buoy	<input type="checkbox"/> Depth Markings
<input type="checkbox"/> Safety Line	<input type="checkbox"/> Lifeguard Chair	<input type="checkbox"/> Spine Board with Straps	
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? <input type="checkbox"/> Yes Name of person _____ If so, please contact your regional or local agent health department.		4) Are lifeguards on duty? <input type="checkbox"/> Yes How many? ___ <input type="checkbox"/> No	5) Lifeguard Staffing Plan <input type="checkbox"/> Yes <input type="checkbox"/> No
6) Illness or Injury? <input type="checkbox"/> 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 _____

