ARKANSAS DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH PROTECTION
ENVIRONMENTAL HEALTH SERVICES

SWIMMING POOL OPERATION RECORD

NAME OF POOL: _____ **MANAGER:** _____ **ADDRESS:** _____

CHEMICAL READINGS							CHEMICALS ADDED								
DATE	FREE CHLOR	PH	TOTAL CHLOR	ALKAL	CYAN. ACID	HARD-NESS	CHLOR	SODA ASH	ACID	OTHER	WATER TEMP.	MAKE-UP WATER	FILTERS BKWASHED	BATHER LOAD	ACCIDENT *

REMARKS: _____

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Keep original in your files; on request, submit to your county sanitarian.

*** COMPLETE ACCIDENT REPORT FORM**

_____
Signature

EHP-3 (5-92)