

Name of Pool:
Location:
Certified Operator:

**Worcester County Health Department
Swimming Pool Operating Record
Recreational Pool Every 2 Hour Testing**

Readings taken by: _____

Week Beginning	SUN	MON	TUES	WED	THURS	FRI	SAT
8:00 A.M.							
10:00 A.M.							
12:00 Noon							
2:00 P.M.							
4:00 P.M.							
6:00 P.M.							
8:00 P.M.							
10:00 P.M.							
12:00 Midnight							
Prior to Opening							
Between 12:00 Noon and 2:00 P.M.							
2 Hours Prior to Closing							
Once Each Day							
Once Each Week							
Remarks: (Accidents, Chemicals Added, Etc.)				Disinfectant used:			
				Sodium Hypochlorite <input type="checkbox"/>			
				Calcium Hypochlorite <input type="checkbox"/>			
				Ozone <input type="checkbox"/>			
				Bromine <input type="checkbox"/>			
				Other:			