

MONTHLY REPORT ON SWIMMING POOL OPERATION

Chapter HSS 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 REPORTS TO: BROWN COUNTY HEALTH DEPARTMENT
P. O. BOX 23600
GREEN BAY, WI 54305-3600

TELEPHONE: 448-6400

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"/> First Aid Kit (24 unit) <input type="checkbox"/> DPD Test Kit <input type="checkbox"/> Two (2) Blankets <input type="checkbox"/> Spine Board with Straps <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		
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 <input type="checkbox"/> If so, please contact your regional or local health department.	4) Are lifeguards on duty? Yes <input type="checkbox"/> How many? _____	

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 _____

