STATE OF FLORIDA
DEPARTMENT OF HEALTH
MONTHLY SWIMMING POOL REPORT

STATE PERMIT #_____ **DATE**_____

NAME OF POOL_____ ADDRESS _____

Days of month	Chlorine residual			pH			Filter Gauge Reading			POOL VOLUME IN GALLONS_____			
	9 AM	1 PM	4 PM	9 AM	1 PM	4 PM	Vacuum in/ Hg	Pressure: Influent PSI	Pressure: Effluent PSI	Flow GPM	Pool Vacuumed	No. Patrons	Remarks Enter items such as: Total alkalinity, hardness, **cyanuric acid,** equipment breakdown, excessive pool water loss, filter backwash, water clarity
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