



**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 _____				Remarks Enter items such as: Total alkalinity, hardness, cyanuric acid, equipment breakdown, excessive pool water loss, filter backwash, water clarity
	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		
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