## Southern Nevada Health District Monthly Pool/Spa Report Form

Month: Year: Pool/Spa			Water Volume: Gallons Minimum Required Flow: GPM Filter Type:																
Facility Name:			Facility Address:						Total Filter Area: Sq. Ft.										
	Water Tests			Amount of Chemicals Added (units)				Gauge/Meter Readings			Recirculation/Filtration								
Date	# of Bathers	Disinfectant Residual	pН	Total Alkalinity	Cyanuric Acid	Water Temp	Disinfectant	Soda Ash	D.E.	Other	Pressure PSI	Vacuum In of Hg	Flow Meter	Filter Pressure	Back Wash	Water Clarity	Pool Cleaned	Water Amount Drained/Added	Comments/Notes SVRS Check
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