

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	pH	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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Operator/Service Company _____ Phone #: _____ Disinfectant used _____