

SPA LOG

(MUST BE KEPT FOR ONE YEAR)

SPA NAME: _____

FOR WEEK BEGINNING _____ 20____

DAILY – Must be taken within one-half hour of opening and at intervals not exceeding two hours until pool closing time. CLARITY-IS THE MAIN DRAIN CLEARLY VISIBLE? CIRCLE [Y]ES OR [N]O FOR EACH TIME FRAME. *BOTH THE MANUAL TEST RESULTS AND AUTOMATED READINGS SHOULD BE RECORDED FOR EACH REQUIRED TIME FRAME.																				
DAY	TIME	*DISINFECTANT	pH	CLARITY	INITIALS	TIME	*DISINFECTANT	pH	CLARITY	INITIALS	TIME	*DISINFECTANT	pH	CLARITY	INITIALS	TIME	*DISINFECTANT	pH	CLARITY	INITIALS
SUN		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
MON		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
TUES		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
WED		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
THURS		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
FRI		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
SAT		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	
		---	---	Y / N			---	---	Y / N			---	---	Y / N			---	---	Y / N	

