



**County of Riverside**  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**

www.rivcoeh.org

**SWIMMING “POOL” OPERATOR’S MONTHLY REPORT**

SITE NAME: \_\_\_\_\_  POOL  SPA  OTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

DATE	FREE Cl <sub>2</sub>	pH	TEMP (if heated)	CYANURIC ACID	Equipment readings, calibrations, corrective actions, routine maintenance (e.g. vacuum, backwash, added chemicals, etc.)	INCIDENTS* (fecal, vomit, blood, drowning, near-drowning)	TESTER'S INITIALS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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31							

Operational records must be maintained daily and kept on-site for at least two years for inspection by this Department.

\*Refer to Informational Bulletin “Procedures Following Contamination Incidents in a Swimming Pool/Spa”