MARION COUNTY PUBLIC HEALTH DEPARTMENT
Prevent. Promote. Protect.

WEEKLY REGISTERED SERVICE PROVIDER/PROPERLY TRAINED OPERATOR AQUATIC VENUE LOG

Name of Facility	Name of RSP/PTO	Current Month and Year

Water Chemistry *(weekly testing is not in lieu of daily testing)*

Date	Disinfectant Residual Cl_2, Br_2 (ppm)	pH 7.2 - 7.8	Water Temperature ≤104°	Combined Chlorine	Total Alkalinity	Cyanuric Acid	Corrective Actions/Additional Comments
1.							
2.							
3.							
4.							
5.							

Circulation, Filtration, and Disinfection Systems *(check off once completed)*

Date	Flow Rate (gpm)	Cleaned/Vacuumed (If needed)	Filter Back Wash	Filter Check	Feeder Check	Pump Check	Corrective Actions/Additional Comments
1.							
2.							
3.							
4.							
5.							

Safety Equipment *(ensure compliance with 410 IAC 6-2.1 standards; check off once completed)*

Date	Flotation Device (w/ rope)	Reach pole	Spine board w/ head immobilizer	First aid kit	Emergency phone (on & working)	Drain(s) and Screws	Anti-entrapment equipment (if applicable)	Corrective Actions/Additional Comments
1.								
2.								
3.								
4.								
5.								