

SWIMMING POOL OPERATING LOG For use of this form, see TM 5-662; the proponent agency is USACE.					WEEKLY LOG												
					FROM						TO						
INSTALLATION										POOL BLDG NO.							
1. TYPE CHLORINATION			2. TYPE FILTERS			3. NO. OF OPERATING FILTERS						4. AREA OF FILTERS					
ITEMS TO BE CHECKED			SUN		MON		TUE		WED		THU		FRI		SAT		
5. CHLORINE RESIDUAL																	
6. pH																	
7. CHLORINE USED (lbs/hr)																	
8. RECIRCULATION RATE (gpm)																	
9. PUMPING TIME (minutes)																	
10. TOTAL WATER RECIRCULATED (gal.)																	
11. DRAINED (yes or no)																	
12. VACUUMED (time)																	
13. PRESSURE LOSS ON FILTER (lbs.)																	
14. BACKWASH RATE (time/filter No.)																	
15. BACKWASH RATE (gpm/sq.ft.)																	
16. BACKWASH TIME (minutes)																	
17. BACKWASH WATER USED (gal.)																	
18. OTHER CHEMICALS USED (lbs.)																	
19. HAIR CATCHER CLEANED (time)																	
20. MAXIMUM BATHING LOAD																	
21. ESTIMATE OF TOTAL BATHERS																	
22. TIME POOL OPENED																	
23. TIME POOL CLOSED																	
24. REMARKS (Report any unusual conditions, operating difficulties, change in treatment, equipment repairs, etc.)																	
25. APPROVED														26. DATE			