



# West Central Health District Environmental Health

## Public Swimming Pool, Spa, and Recreational Water Parks FACT SHEET

Name of Pool/Spa/RWP: \_\_\_\_\_

Address of Pool/Spa/RWP: \_\_\_\_\_

**Specifications:**

Length: \_\_\_\_\_ (feet)      Width: \_\_\_\_\_ (feet)      Average Depth: \_\_\_\_\_ (feet)

Surface Area: \_\_\_\_\_ Sq. Ft.      Max Bathers: \_\_\_\_\_

Total Gallons in Pool: \_\_\_\_\_ gal.      Filter Type & Size: \_\_\_\_\_

Required Minimum Turnover: \_\_\_\_\_ Hrs.      Flow Rate: \_\_\_\_\_ GPM

<b>Please have your Certified Pool Operator (CPO) review the information below on an annual basis and make revisions when necessary. Keep this fact sheet on file at the pool site.</b>	
Primary Sanitizer: <input type="checkbox"/> Gas Chlorine	<input type="checkbox"/> Sodium Hypochlorite (Bleach)
<input type="checkbox"/> Lithium Hypochlorite	<input type="checkbox"/> Calcium Hypochlorite
<input type="checkbox"/> Dichlor (56%)	<input type="checkbox"/> Dichlor (62%)
<input type="checkbox"/> Trichlor	<input type="checkbox"/> Bromine
The sanitizer level to be maintained in this pool is: _____ ppm	
pH (Alkalinity) Adjuster:	<input type="checkbox"/> Muriatic Acid <input type="checkbox"/> Sodium Carbonate <input type="checkbox"/> Sodium Bisulfate <input type="checkbox"/> Sodium Sesquicarbonate <input type="checkbox"/> Sodium Bicarbonate (baking soda)
Certified Pool Operator (CPO) Name: _____	
CPO Signature: _____	
Certification #: _____ Certification Expiration Date: _____	

Revised 12/6/2019