Gateway District Health Department
42 Treadway Drive, P.O. Box 555
Owingsville, KY 40360
606.674.6396

Pool Name: | *Type of Pool:* | *Pool Manager:* | *Type of Disinfectant:*

		Test Three (3) Times Daily							Test Weekly		Record When Applied	
Date	**Time**	**Initial**	**Free CL**	**Total CL**	**Combined**	**PH (7.2-7.8)**	**Temp.**	**Flow Rate**	**Alkalinity**	**Cyanuric Acid**	**Pool Shocked or Acid/Sodium bisulfate added to pool/spa**	**Comment (closure, injury, clarity, etc.)**