

<b>Name of Facility:</b>	INSTRUCTIONS: Complete daily before the pool or spa is open for use as required by COMAR 10.17.01.28, before filling the pool or spa with water, after periodic maintenance, after pool cleaning, or filter cleaning. Circle Yes or No. If No, describe corrective action ("CA").
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<b>Date:</b>	Suction Outlet Covers are Secure and Free from Breaks, Cracks, or Defects	Skimmers are Free of any Blockage	Inlet, Return Covers, and Fittings are In Place, Secure, and Unbroken	Warning/Alert Signs are In Place with Emerg. Instructions and Phone Numbers	On/Off Switch to Pump Clearly Labeled	Suction Vacuum Release System Releases Suction when Tested						
<b>Time:</b>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

	<b>Disinfectant: Cl or Br</b>	INSTRUCTIONS: Record the following information daily at least three times per day. Note the following: when the filter is backwashed/cleaned, any injuries or accidents, any chemicals added to the water, and any broken equipment (use additional pages if necessary).
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Time	Free Disinfectant (ppm or ug/mL)	Comb. Cl (ppm or ug/mL)	pH	Water Clarity (e.g. clear)	Water Temp (°F)	Flow Rate (gpm)	Filter Influent Pressure (psi)	Filter Effluent Pressure (psi)	Pump Vacuum (in Hg)	# of Bathers	Entrap. Checklist (Yes or No)	Corrective Action	CLOSED? (Yes or No)
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Weekly Readings	Date: ____ / ____ / ____
Total Alkalinity:	
Calcium Hardness:	
Cyanuric Acid:	

Notes/Corrective Actions: