



Monthly Report on Swimming Pool Operation

Chapter HFS 172.32 Monthly reports and records. (1) OPERATING REPORTS. The pool operator or responsible supervisor shall complete monthly reports on daily pool operation on forms provided by the department or its agent. The monthly reports shall be submitted to the appropriate departmental regional office or to the department’s agent not later than the tenth day of the following month.

Name of Pool:	Address:	City/State/Zip:
1)The following items should be checked regularly to assure that they are being properly maintained:		
<input type="checkbox"/> First Aid kit (24 unit)	<input type="checkbox"/> DPD Test Kit	<input type="checkbox"/> Two (2) blankets
<input type="checkbox"/> Handrail or Grab rails	<input type="checkbox"/> Shepherd’s Crook or Ring Buoy	<input type="checkbox"/> Depth Markings
		<input type="checkbox"/> Spine Board with Straps
		<input type="checkbox"/> Safety Line
		<input type="checkbox"/> Lifeguard Chair
		<input type="checkbox"/> Biohazard Safety Equipment
2) Please note any change in equipment: (All equipment must be NSF approved or equivalent)		
3) Pool Operator or Responsible Supervisor:		Contact Phone Number:
4) Are lifeguards on duty?	How many?	Certification up to date?

Remarks: Please comment on any unusual occurrences(s) and actions to correct condition and chemical levels that do not comply with code requirements:

Signature _____ Title _____ Date _____

If you have any questions or concerns regarding the operation of your swimming pool, contact Winnebago County Health Department at 920-232-3000 or 920-727-2894

SEND REPORTS TO:	Email: jed.wohlt@co.waupaca.wi.us
	Fax: 715-258-6409
	Mail: Waupaca County Health Dept.
	Attn: Jed Wohlt
	811 Harding St
	Waupaca, WI 54981

