Leeds, Grenville & Lanark District HEALTH UNIT
www.healthunit.org Your Partner in Health

HEALTH PROTECTION DEPARTMENT

458 Laurier Blvd., Brockville, ON K6V 7A3
25 Johnston Street, Smiths Falls, ON K7A 0A4

DAILY LOG SHEET

DATE: _____

TIME	FAC/ FAB	pH	TESTED BY (Initials)

Total Number of Bathers: _____

Make-up Water Meter Reading: _____

Emergencies, breakdowns,
Rescues: _____

_____

_____

Telephone Check: _____ a.m. _____ p.m.

Ground Fault Detector: ____ a.m. ____p.m.

*Total Alkalinity weekly: _____

*CA reading weekly: _____

(Cyanuric Acid)

*Combined Chlorine (Total) daily: _____

* Comments: _____

_____

_____

_____

*****Outlet cover inspected monthly □

Signature: _____

* Frequency is set as a minimum in the Ontario Pool Regulation 565. Increasing frequencies of inspections and chemical testing are encouraged.

R: April 2011
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