



# Swimming Pool Water Quality Checklist

## Daily Visual Inspection

Initial assessment of water clarity and appearance.

### Overall Water Clarity

Write something...

### Description of any unusual appearance (e.g., cloudiness, discoloration)

Write something...

### Presence of Debris

- ☐ Leaves
- ☐ Insects
- ☐ Dirt/Dust
- ☐ Hair
- ☐ Other (Specify in LONG\_TEXT)

### Estimated Debris Quantity (Scale of 1-5, 1=Minimal, 5=Significant)

Enter a number...

### Note any visible algae or slime on pool surfaces

Write something...

### Waterline Condition

- ☐ Clean
- ☐ Slight Discoloration
- ☐ Significant Discoloration
- ☐ Algae Present

### Any unusual odors detected?

Write something...

## Water Chemistry Testing (Morning)

Regular water chemistry tests performed in the morning before pool opening.

### Free Chlorine (ppm)

Enter a number...

### Combined Chlorine (ppm)

Enter a number...

### pH Level

Enter a number...

### Total Alkalinity (ppm)

Enter a number...

### Calcium Hardness (ppm)

Enter a number...

### Cyanuric Acid (ppm)

Enter a number...

### Water Clarity (Appearance)

- ☐ Crystal Clear
- ☐ Slightly Hazy
- ☐ Hazy
- ☐ Murky

### Time of Test

### Notes/Observations (e.g., unusual readings, odor)

Write something...

# Water Chemistry Testing (Evening)

Water chemistry tests performed in the evening after peak usage.

## Free Chlorine (ppm)

## Combined Chlorine (ppm)

## pH Level

## Alkalinity (ppm)

## Calcium Hardness (ppm)

## Cyanuric Acid (ppm)

### Notes/Observations (e.g., unusual color, odor)

Write something...

### Water Appearance

- ☐ Clear
- ☐ Slightly Cloudy
- ☐ Cloudy
- ☐ Milky

## Equipment Functionality

Check the operational status of all water treatment and filtration equipment.

### Filter Pressure (PSI)

Enter a number...

### Pump Flow Rate (GPM)

Enter a number...

### Pump Operation Status

- ☐ Operating Normally
- ☐ Humming/Noisy
- ☐ Not Operating

### Heater Operation Status (If Applicable)

- ☐ Operating Normally
- ☐ Humming/Noisy
- ☐ Not Operating
- ☐ N/A (No Heater)

### Automatic Chemical Feeder Status (If Applicable)

- ☐ Operating Normally
- ☐ Malfunctioning
- ☐ N/A (No Feeder)

### Notes on Equipment Functionality

Write something...

### Last Filter Backwash Date

Enter date...

## Algae Prevention & Control

Assessment and actions related to preventing and controlling algae growth.

### Phytoplankton Count (cells/mL)

Enter a number...

### Algae Appearance (Visual)

- ☐ Clear
- ☐ Slight Green Tint
- ☐ Green/Brown Discoloration
- ☐ Slime/Scum Present
- ☐ Unusual Growth Observed

### Detailed Observation Notes (e.g., location of growth, type of algae suspected)

Write something...

### Algaecide Application Status

- ☐ Not Applied
- ☐ Applied - Dosage Per Protocol
- ☐ Applied - Increased Dosage (Reason:)
- ☐ Applied - Reduced Dosage (Reason:)

### Algaecide Dosage (oz or mL)

Enter a number...

### Date of Last Algaecide Application

Enter date...

### Areas of Potential Algae Growth

- ☐ Pool Walls
- ☐ Pool Floor
- ☐ Steps/Ladder
- ☐ Jets/Returns
- ☐ Skimmer Basket
- ☐ Around Tile Grout

## Record Keeping & Documentation

Maintenance of accurate records of all tests and actions taken.

### Date of Inspection

### Time of Inspection

### Inspector Initials/Employee ID

### Summary of Findings & Observations

### Attached Test Results (PDF/Image)

 Upload File



### Corrective Actions Taken (if any)

- ☐ None
- ☐ Chemical Adjustment
- ☐ Filter Cleaning
- ☐ Equipment Repair
- ☐ Other

### Details of Corrective Actions (if applicable)

Write something...

### Next Inspection Scheduled?

- ☐ Yes
- ☐ No

### Date of Next Inspection (if applicable)

Enter date...