



Chapter HFS 172 of the Wisconsin Administrative Code requires that Monthly Reports on the operation of swimming pools be submitted to the Department. The pool operator or person in charge shall fill-in the data indicated on the report as completely as possible.

SEND REPORT TO: St. Croix County-Public Health, 1752 Dorset Lane, New Richmond, WI 54017 Phone: 715-246-8361

Name of Pool:	Address:	Operator:
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1) The following items should be checked regularly to assure that they are being properly maintained: (Place an X if equipment is on hand and properly maintained.)

<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Biohazard Kit	<input type="checkbox"/> Approved Test Kit	<input type="checkbox"/> Two (2) Blankets	<input type="checkbox"/> Spine Board with Straps
<input type="checkbox"/> Handrails or Grabrails	<input type="checkbox"/> Shepherd's Crook or Ring Buoy	<input type="checkbox"/> Depth Markings	<input type="checkbox"/> Safety Line	<input type="checkbox"/> Lifeguard Chair

2) **PLEASE NOTE ANY CHANGE IN EQUIPMENT:** (When replacing equipment, the rule of thumb is to replace 'like with like' (size/type). If not, a plan submittal and review may be required by DSPS. For questions on this call 608-267-5265)

Item _____ Manufacturer _____

Model # _____ Installed by _____ Date _____

<p>3) Is there a new person responsible for pool maintenance? <input type="checkbox"/> Yes</p> <p>Name of the Responsible Person _____</p>	<p>4) Are lifeguards on duty?</p> <p><input type="checkbox"/> Yes How many? - _____</p> <p><input type="checkbox"/> No</p>	<p>5) Lifeguard Staffing Plan</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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6) Were there any illness/injury(s) or fecal accidents in the pool this month? ☐ Yes (For an illness/injury describe the type, date and outcome. Note: for a 911 type emergency at the pool a "Death, Illness, Injury Form" must be completed and faxed to Madison within 24 hours. For a fecal accident: list the date, time, free chlorine and PH levels at time of incident and at the point the pool is reopened; whether the stool was loose or formed; the procedures followed; #of patrons in the pool and length of time between occurrence, detection, and resolution.)

REMARKS: Please comment on any unusual occurrence(s) and actions to correct conditions and chemical levels that do not comply with code requirements:

Signature _____ Title _____ Date _____

☐ WHIRLPOOL

☐ TYPE OF DISINFECTANT USED _____

MONTH/YEAR _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
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