

Spa/Wading Pool Log Sheet



Spa Name: _____ Month: _____ Year: _____ Size of Spa (gallons): _____
 Type of Disinfectant: _____ Flow Rate Required (GPM): _____

Minimum **3.0 PPM** if inorganic chlorine (i.e liquid chlorine), **3.5 PPM** if stabilized or organic (i.e Trichlor tablets), and **4.0 PPM** if Bromine. Max = 10.0 PPM (all types)

Date	Daily Tests						Weekly Tests		As Needed	
	Water Clarity	Free Chlorine PPM (Minimum of once daily)			Combined Chlorine < 50% Free	pH 7.2-8.0	Flow GPM	Alkalinity Rec. Range 60-160 PPM	Cyanuric Acid if used < 90	Corrective Actions and Notes (chemicals added, amounts, etc)
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Date	Daily Tests							Weekly Tests		As Needed
	Water Clarity	Free Chlorine PPM (Minimum of once daily)			Combined Chlorine < 50% free	pH 7.2-8.0	Flow GPM	Alkalinity Rec. Range 60-160 PPM	Cyanuric Acid if used < 90	Corrective Actions and Notes (chemicals added, amounts, etc)
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Notes: