

3. The next two blocks at the top of the backside of the form, are intended to provide refresher information about basic pool calculations and water chemistry;
4. The next block is required to be completed whenever the operator becomes aware of an accident involving Fecal/Blood/or Vomitus within the pool. This information helps with the ensuing epidemiological investigation that will seek the names of victims towards arresting further spread of certain pathogenic waterborne illnesses.
5. The next block is required to be completed when an injury accident occurs;
6. The final section is for comments the operator may wish to record: such as weather conditions, notes to staff, unusual conditions or incidents, etc.

Complete ONE report for each facility: i.e. one for a spa, an outdoor pool, an indoor pool. Additionally, for pools that perform testing on an hourly basis: the record sheet has only enough places for 6 readings but two reports can be used to double that number and marked according to the time of each test.

If there are any questions about this report form please contact the swimming pool program at 614.466.1390.

CALCULATIONS for a typical 20ft X 40ft Apartment/Motel/Condo pool

- Standard 20 X 40 Apartment/Motel/ Condo size swimming pool**
- Area = 20 ft X 40 ft (L X W) = 800sf
 - Volume = 800 sf X 4 ft (avg depth) = 3200 cu ft x 7.5 gal/cu ft (rounded up constant) = 24000 gal
 - Flow rate = 24000 gal / 8* hr x 60 min/hr (or 480 min) = 50 gpm *(the required turnover rate, see rules 04(C1) and 04.1(D) X 20 gpm/sq ft (NSF filtration rate)= 63 gpm
 - Filter Max Flow = 3.14 sq ft (filter area) = 50 gpm
 - Total Dynamic Head (TDH): the resistance to flow, within the pipes -fittings, the filter, and the heater, to move water, the typical pool is approx. = 50 ft TDH.
 - Pump size: based on the pump curve, according to the following:
 - Min. required flow rate = 50 gpm
 - Max. allowable filter flow = 63 gpm *
 - If pump output exceeds a), but does not exceed b) : the pump is properly sized with the filter*

*NOTE- If the max. allowable filter flow in 6 b) is exceeded a throttle valve must be installed to restrict pump capacity. A throttle valve may also be used to restrict flow to suction drains or other system components.

WATER CHEMISTRY - to adjust: add CHEMICALS SLOWLY to WATER in a pail; mix dilution, disperse into pool; test; repeat as needed.

To Superchlorinate (whenever the Combined Chlorine value is over 2 ppm) Combined Chlorine (.2) X 10 = 2.0 ppm (Free Chlorine needed).

To raise Chlorine 1ppm/ 10,000 gal of pool water:
Add 2 oz Calcium Hypochlorite (65%)
Add 10.7 fl oz Sodium Hypochlorite (12%)

To neutralize excess chlorine 1ppm/ 10,000 gal of pool water:
Add 1.4 oz Sodium Thiosulfate

To raise pH / 10,000 gal of pool water, based upon BASE demand test/ Alkalinity:
Add 6 oz of Sodium Carbonate (Soda Ash)

To lower pH/ 10,000 gal of pool water, based upon ACID demand test/ Alkalinity:
Add 12 oz Muriatic acid or 1.0 lb. Sodium Bisulfate (dry acid)

To raise Alkalinity 10 ppm/ 10,000 gal of pool water:
Add approx. 1.5 lbs. Sodium Bicarbonate (Baking Soda)

To lower Alkalinity-10 ppm/ 10,000 gal of pool water
Add 26 oz. Muriatic acid or add 2.15 lbs. sodium bisulfate (dry acid)

To lower Cyanuric Acid, Total Dissolved Solids (TDS), or Calcium Hardness:
Drain a portion or all of the pool/Spa to dilute or remove.

To disinfect for fecal accidents:
Formed stools: adjust pH to 7.2-7.5; keep chlorine above 2ppm for 30 min.
Diarrhea: adjust pH to 7.2-7.5; keep chlorine above 20ppm for 8 hours (or per guide)

The Ohio Administrative Code requires the operator of a public swimming pool to prohibit patrons with obvious infectious wounds from using the pool as well as anyone observed passing feces, urine, or blood. The operator is also **REQUIRED TO RECORD ALL injuries and fecal accidents**. In the event of suspected water borne illness contact your local health district and the Ohio Department of Health, Bureau of Environmental Health, at 614.466.1390.

Fecal/ Blood/ Vomitus Accident Report If necessary, attach additional remarks and information

Date/ Time	Description of event
Corrective measures	
Record contact information for ALL patrons involved	
Date/ Time	Description of event
Corrective measures	
Record contact information for ALL patrons involved	
Date/ Time	Description of event
Corrective measures	
Record contact information for ALL patrons involved	
Date/ Time	Description of event
Corrective measures	
Record contact information for ALL patrons involved	

Injury Accident Report If necessary, attach additional remarks and information

Date/ Time	Victim's Age [] M; [] F	Victim Name/ Contact information
Description of accident-injuries		
First aid administered		Medical authorities contacted
Date/ Time	Victim's Age [] M; [] F	Victim Name/ Contact information
Description of accident-injuries		
First aid administered		Medical authorities contacted

Comments:
