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| DFRS-BFRB-039.docx (rev.10/23) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Food and Recreational SafetyP.O. Box 8911, Madison, WI 53708-8911 | NAME OF WHIRLPOOL:       |
| DATE:       |
| Operating Report for Whirlpools without Controllers | Wis. Admin. Code § ATCP 76.32(1) |
| Completion of this form is required to meet operating report requirements for whirlpools without controllers. Failure to complete and maintain operating reports is subject to compliance action under Wis. Stat. ch. 97 and Wis. Admin. Code ch. ATCP 76. |
| **Date** | **Daily** | **4x Daily** | **4x Daily** | **Daily** | **Once per Week** | **Once per Week if used** | **Monthly** | **Monthly** | **As Indicated** | **As Indicated** | **As Indicated** | **Initials** |
| **Water Temp (F)** | **pH\*\*\*** | **Free Chlorine or Bromine\*\*\* (ppm)** | **Combined Clorine (ppm)** | **Total Alkalinity (ppm)** | **Cyanuric Acid (ppm)** | **Monthly Pump Safety\* check(s) Completed (check box)** | **Monthly Safety Equipment\*\* Check Completed (check box)** | **Backwashing completed when pressure indicates (check box)** | **Fecal incidents recorded; (check box)** | Combined chlorine addressed; Death, Illness, Injury Reported as Required (check box when done, comment as needed) |
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\*Liquid chemical feed must stop when power is interrupted to recirculation pump, when emergency stop button is pushed, and for pools built after February 1, 2009, any time the flow of water through the recirculation system stops. Anti-entrapment systems, if present must function to stop pumps. \*\*Safety equipment includes first aid kit and biohazard kit, blankets for most whirlpools, and telephone.\*\*\*Test before opening, twice during peak use, and another time. Personally identifiable information you provide may be used for purposes other than that for which it was collected. (Wis. Stat. § 15.04 (1)(m)).