# Allegheny County Health Department

# Registered Bathing Place Manager Monthly Log

On the dates and time below, I have visited this facility and reviewed operation for compliance with standards of Article IX, "Lifeguards, Bathing Places, Bathing Beaches, Hot Tubs & Spas" of the Allegheny County Health Department Rules and Regulations. This includes but is not limited to the critical operation standards noted below. If a deficiency is noted, I will act to bring the condition into compliance with Article IX. Corrective actions are recorded in comments below. Deficiencies involving lifeguard coverage, facility security, or major equipment breakdowns, chemical spills, no disinfectant or other serious water quality problem will be reported by telephone to the Housing & Community Environment Program at: 412-350-4046

**Facility Name**_____ **Registered Manager** _____

**Month**_____ **Year**_____

| Date | Time In | Time Out | Pool/Spa System Operating | Automated Controllers Visual Inspection | Water Quality and Clarity | Tests Done % Recorded Titration Kit Used | Safety Equip at Pool/Spa | Facility Security | Comments/ Corrective Actions | Sign Off |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**Rev: 3/28/18**