

Date	Chlorine		pH	Temperature F°	Flow rate gal per min	Pressure differential	Remarks	Initials
	Free	Combined						
1								
2								
3								
4								
5								
6								
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30								
31								

Pool/Facility Name: \_\_\_\_\_

Month/Year: \_\_\_\_/\_\_\_\_

Pool/Spa Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Monthly Cyanuric Acid Level \_\_\_\_\_