

Swimming Pool Testing Logs (105 CMR 435.29(2))

Name of Pool: _____

For Month of: _____

Date	Filter Washed	Pool Cleaned	Pool Drain Visible	TA / Ca Hrd	Test #1				Test #2				Test #3				Test #4			
					Time	Free CL	Comb. CL	Ph	Time	Free CL	Comb. CL	Ph	Time	Free CL	Comb. CL	Ph	Time	Free CL	Comb. CL	Ph
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20																				
21																				
22																				
23																				
24																				
25																				
26																				
27																				
28																				
29																				
30																				
31																				

Operators Signature: _____ Date: _____

At the end of each month please mail copies of logs to Milton BOH, 525 Canton Ave, Milton, MA 02186 or fax to 617-696-5172.