

WORKSHOP POOL WATER TEST

Persons maintaining the test pool must be listed	
Name (Block Capitals)	Signature
<u>Countersigned by Safety Director</u> <u>Date</u>	

Test Results taken Monday each week.

The following processes must be recorded: -
Water balance (every working week- Monday)- Record pH value & free chlorine below
Water changes (incl backwash)
Cleaning of filters
Any other maintenance

Date	Time	pH Value	Free Chlor	Signature	Remedial Action