CITY OF GARLAND
HEALTH DEPARTMENT

Apt. Name: _____

Address: _____

_____

_____
Pool Name *(If there are multiple pools)*

Date		Time		Free Chlorine		pH		Total Alkalinity		Cyanuric Acid		Main Drain Visible? Y/N

Pool/Spa Chemical Testing & Documentation Schedule *(While Pool is Open)*

Free Chlorine	=	1 time per day	Spa Chlorine	2.0 – 8.0 ppm
			Pool Chlorine	1.0 – 8.0 ppm
pH	=	1 time per day	pH	7.0 – 7.8
Total Alkalinity	=	1 time per week	Total Alkalinity greater	than 60 ppm
Cyanuric Acid	=	1 time every 2 weeks	Cyanuric Acid less than	100 ppm