DFRS-BFR	B-039 docx	(rev 05/25)

Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Food and Recreational Safety
P.O. Box 8911, Madison, WI 53708-8911

NAME OF WHIRLPOOL:		
DATE:		

Operating Report for Whirlpools without Controllers

Wis. Admin. Code § ATCP 76.32(1)

Completion of this form is required to meet operating report requirements for whirlpools without controllers. Failure to complete and maintain operating reports is subject to compliance action under Wis. Stat. ch. 97 and Wis. Admin. Code ch. ATCP 76.

		4x Daily		4x Daily		Daily	Once per Week	Once per Week if used	Monthly	Monthly	As Indicated	As Indicated	As Indicated			
Date	Water Temp (F)		***Hd		Free Chlorine or Bromine*** (ppm)		Free Chlorine or Bromine*** (ppm) Combined Chlorine (ppm)		Total Alkalinity (ppm)	Oyaunuic Acid (ppm) Safety* check(s) Completed (check box)	Monthly Safety Equipment** Check Completed (check box)	Backwashing completed when pressure indicates (check box)	Fecal incidents recorded; (check box)	Combined chlorine addressed; Death, Illness, Injury Reported as Required (check box when done, comment as needed)	Initials	
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^{*}Liquid chemical feed must stop when power is interrupted to recirculation pump, when emergency stop button is pushed, and for pools built after February 1, 2009, any time the flow of water through the recirculation system stops. Antientrapment systems, if present must function to stop pumps. **Safety equipment includes first aid kit and biohazard kit, blankets for most whirlpools, and telephone.***Test before opening, twice during peak use, and another time. Personally identifiable information you provide may be used for purposes other than that for which it was collected. (Wis. Stat. § 15.04 (1)(m)).