Weekly checklist and record sheet for project sampling

DATE:

Please scan and send the completed checklist within 2 days to: rachel.chalmers@wales.nhs.uk and Rob.Johnston@phe.gov.uk (or post to Rachel)

PREMISES DETAILS		
Name of Premises		
Person completing this form	**Name**	
	Position	
	Contact details	

CRYPTOSPORIDIUM SAMPLING INFORMATION.	
Sample according to the Cryptosporidium sampling protocol; a courier will pick up on Wednesday morning to deliver to IDEXX lab.	
Time filtration started	
Meter reading at start	
Time filtration stopped	
Meter reading at end	
Volume filtered (L)	
Flow rate	
Sampling comments:	
Was a backwash sample taken?	**Yes/No**

POOL TESTS AT THE TIME OF SAMPLING.

Use a 250 ml bacti bottle supplied by Latis Scientific to take a bacti sample according to the bacti and chemicals protocol; a courier will pick up the bacti sample on Tuesday afternoon. Use a chemicals testing pot to take a sample from the pool and test by your normal protocol except turbidity.

Measure:	**Result:**
Temperature of the pool water **How was this measured?**	
pH **How was this measured?**	
Total chlorine or bromine residual mg/L **How was this measured?**	
Free chlorine mg/L **How was this measured?**	

Combined chlorine mg/L **How was this measured?**	
Total dissolved solids (TDS) ppm **How was this measured?**	
Turbidity NTU (see project protocol) **How was this measured?**	
Total dissolved solids mg/L **How was this measured?**	

Observe and record pool water appearance and clarity:	
Number of bathers during sampling period:	
Types of bather groups:	

OTHER POOL OPERATING PARAMETERS DURING SAMPLING.		
Ozone mg/L		
UV mJ/cm^2		
Have any faecal incidents been recorded in the last week?	**Yes/No**	
How many?		
What action was taken?		

Filter backwashing in the last week		
Filter	Date and time	Reason (scheduled / pressure differential / response)

MATTERS OF EVIDENT CONCERN
List any matters of evident concern this week re: pool, treatment or users together with any action taken