Testing Log Swimming Pool or Spa _____

(circle one) (Location or Number)

	Test Daily					Test Weekly		Actions Taken		
Date	Chlorine Free	Chlorine Comb.	pH	Total Alkalinity	Spa Temp.	Cyanuric Acid	Calcium Hardness	Shocking Granular or Non-Chlorine	Problems or Observations	Adjustments or Additions

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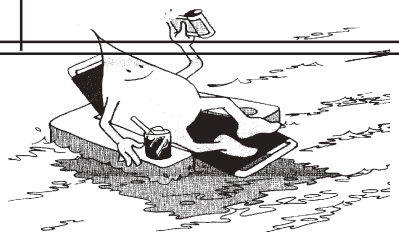
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