

## **Allegheny County Health Department**

## **Daily Bathing Place UV Operational Log**



## PARAMETERS MUST BE CONTINUOUSLY MONITORED UNLESS OTHERWISE NOTED NOTE: CALIBRATION OF INTENSITY MUST OCCUR ANNUALLY AND BE RECORDED AT TIME OF CALIBRATION NOTE: CALIBRATION OF FLOW METER MUST OCCUR PER MANUFACTURER'S REQUIREMENTS AND BE RECORDED AT TIME OF CALIBRATION

Facility Name\_\_\_\_\_ Registered Manager \_\_\_\_\_

Date	Time	Flow Rate (Recorded every 4 hours)	Intensity (Recorded every 4 hours)	Water Temperature (MP medium pressure) (Recorded Daily)	Set Point for Intensity (Recorded Daily)	Recorded By

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