

Allegheny County Health Department Weekly Bathing Place UV Operational Log



PARAMETERS MUST BE MONITORED AND RECORDED WEEKLY 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	UV Lamp On/Off Cycles (Continuously monitored, record total cycles per week)	Iron, Calcium Hardness (If fouling is prevalent)	UVT (UV Transmittance) Analyzer Calibration	Recorded By

Rev: 3/28/18

Date	Time	UV Lamp On/Off Cycles (Continuously Monitored)	Iron, Calcium Hardness (If fouling is prevalent)	UVT (UV Transmittance) Analyzer Calibration	Recorded By