



Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Food and Recreational Safety

P.O. Box 8911, Madison, WI 53708-8911

Phone: 608-224-4720 Fax: 608-224-4710

## CHEMICAL INTERLOCK CHECKLIST

Wis. Admin. Code § ATCP 76.13(1)(c)

**Completion of this form is voluntary, but if this form is used, the requested information must be provided.**

### PLEASE PRINT ALL INFORMATION.

NAME OF PERSON COMPLETING THIS INTERLOCK CHECKLIST:	TITLE:	DATE PREPARED:
---	--------	----------------

POOL NAME(S) OR DESCRIPTION

Type of disinfectant feed in use (circle applicable type):

- Liquid chlorine     
  Erosion-Trichlor     
  Erosion-Dichlor     
  Erosion-Bromine  
 Calcium hypochlorite with booster pump     
  Calcium hypochlorite with no booster pump

Liquid acid feed present:  Yes  No      Pool controller added after Feb 1, 2009:  Yes  No

### INTERLOCK TESTING

**For person (designee) or company performing the interlock testing**—Describe each item for the Sanitarian; procedure must cover topics listed below. *Contractor must provide a copy of their procedure.*

If the pool has Erosion feeder with no booster pumps and no liquid acid feed, interlock does not need to be tested as any automatic chemical feed will stop when flow stops.

1. Chemical feed locations

2. Flow interlock locations if flow interlock required

3. How the chemical feeder interlock functions

4. How the flow interlock functions

5. Monthly interlock testing procedure

6. Safety measures in place to protect staff and patrons during monthly testing

7. How date, results, corrective actions, and name of person performing test will be noted in the Operating Report

Personally identifiable information you provide may be used for purposes other than that for which it was collected. Wis. Stat. § 15.04 (1)(m).