



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Division of Food and Recreational Safety  
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Completion of this form is voluntary.

## Combined Chlorine Management Template

Wis. Admin. Code § ATCP76.14 (5)(e)

<b>Name and title of Person completing this combined chlorine management plan:</b>	
<b>Date prepared:</b>	
<b>Pool or water attraction name</b> or description and license number:	
<b>Pool location</b> (outdoor, indoor, location in building):	
<p><b>Action Level, ppm combined chlorine</b> taking into account concentration of combined chlorine, as monochloramine, in source water.</p> <p>For example, if source water combined chlorine (monochloramine) is 1.0 ppm, this will affect your combined chlorine reading for your pool. If no break-point or hyperchlorination has been done at the pool and most of the water is fresh source water, such as with a whirlpool, that 1 ppm can be subtracted from the combined chlorine reading.</p> <p>It is recommended to use 0.4 ppm as an Action Level, and conduct breakpoint chlorination at this point. If, however, there are complaints or eye or respiratory irritation, a lower Action Level may be advisable.</p>	
<b>Volume of pool</b> , gallons	
<b>Range of volume of fresh source water added</b> each day, gallons	
<p><b>Source water combined chlorine if applicable (contact public water supply to find out if they add chemicals to create a residual of monochloramine in the source water):</b></p> <p><b>Description of showering requirements</b> and how they are communicated to patrons: (signage, staff checking and reminding patrons)</p>	
<p><b>Combined chlorine test results:</b> Keep test records on Monthly Report of Pool Operation. REMEMBER TO FACTOR IN THE ERROR OF YOUR TEST KIT. FOR EXAMPLE, YOUR RESULT OF 0.4 PPM ON A TAYLOR TEST KIT IS ACTUALLY 0.4 PPM +/- 0.2 PPM. THEREFORE, BREAKPOINT CHLORINATION SHOULD BE DONE ASSUMING THE HIGHER POSSIBLE RESULT (0.6 PPM)</p>	
<p><b>Date and time for breakpoint chlorination:</b> Keep records on Monthly Report of Pool Operation</p>	
<p><b>Complaints of eye or respiratory irritation:</b> Record reports of eye or respiratory irritation (on Monthly Report of Pool Operation or Swimming Pool Death Illness Injury form, as appropriate, for example, if the eye or respiratory irritation requires response from Emergency Medical Services, complete the Death Illness Injury form. Otherwise note it in comments on the Monthly Report.</p>	
<b>Air exchanges per hour in ventilation system (leave blank if unknown):</b>	
<b>Deck cleaning and disinfection with a chlorine-based product, schedule and product names:</b>	