



Water Sample Checklist

Name of Pool Owner: _____

Address: _____

City: _____

Postal Code: _____

Phone Number: _____

E-mail Address: _____

Pool Hot Tub

If this is your first water test of the season or a fresh fill, please circulate water for at least 24 hours before collecting your sample

Swimming Pool Information

Inground Pool
Aboveground Pool

Pool Size & Shape: _____

Pool Depth: _____ Water Temperature (F) _____

Pool Surface: Vinyl Liner Fiberglass Concrete/Gunite

Daily Sanitizer

Stabilized Chlorine Pucks Stabilized Granular Chlorine Liquid Chlorine

Alliance Ultra Zinc Pucks Bromine Pucks / Tablets

Salt Water Brand? _____ Copper-based Algaecides?

Preferred Weekly Shock

Granular Super Shock Liquid Chlorine Oxy Out

Vinyl Shock Alliance Soft Shock Other _____

Swimming Pool Water Condition

Clear Clear with Visible Algae on Floor/Walls Cloudy with Visible Algae on Floor/Walls

Cloudy (Can't see bottom) Cloudy (Can see Bottom) Floating Algae/Green Water

Equipment

Sand Filter Cartridge Filter Diatomaceous Earth Filter Other _____

Do you have a Gas or Propane Heater installed Yes No Other _____

Hot Tub Information

Age of Hot Tub Water: _____

Hot Tub Size & Shape: _____ # of Seats _____

Water Volume (If known) _____ Brand: _____

Daily Sanitizer

Stabilized Chlorine Pucks Stabilized Granular Chlorine Spa Marvel

Spa Plus Bromine Tablets Bromine Granules

Aqua Finesse Other _____

Preferred Weekly Shock

Stabilized Granular Chlorine Spa Shock Spa Plus

Other _____

Hot Tub Water Condition

Clear Slightly Cloudy (Can see bottom) Very Cloudy (Can't see Bottom) Foaming

Other Notes/Concerns:

The Pool Shoppe

1333 Rymal Road East, Hamilton ON, L8W 3N1

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