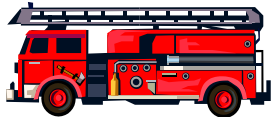


EMERGENCY CHEMICAL RESPONSE FORM

FILL OUT & RETURN



Please complete and return to:
By: May 31, 2010

JOHNSON COUNTY HEALTH DEPARTMENT
86 WEST COURT STREET
FRANKLIN IN 46131 Phone: 317-346-4365

REGISTRATION FORM FOR PUBLIC AND SEMI-PUBLIC SWIMMING POOLS

1. Name of pool: _____ Phone # _____
2. Location of pool: _____
3. Owner of pool: _____
Mailing address: _____
Street City/State Zip
4. Manager of pool: _____
Mailing address: _____
Street City/State Zip
5. Filter operator: _____
6. Water: city or private _____ Fire department: _____
7. Sewage: city, private or other _____
8. Pool to be used by: _____
9. Pool capacity: _____ gallons 2nd pool capacity _____ gallons
10. Type of chlorinator: _____
11. Type of filter: Cartridge _____ Diatomite (DE) _____
Sand _____ Other _____
12. Type of Disinfectant used: _____ Chlorine _____ Bromine _____ Other
Form of Product: _____ Liquid _____ Pellet _____ Briquette _____ Powder _____ Other
Is your chlorine product stabilized (contain Isocyanurics? Called Di-chlor or Tri-Chlor?) _____
13. Type of Shock product used: _____ Type: _____ Liquid _____ Powder
14. Other chemicals used: Include type of product or name of product
Acid: _____ ph increaser: _____ Clarifier: _____
15. Do you have Material Safety Data Sheets for each chemical on site in case of an emergency? yes___ no___
16. Person(s), other than above, in charge of pool:

Name(s):

Phone

Hours in charge

Forms completed by: **Name:** _____

FILL OUT & RETURN

Title: _____