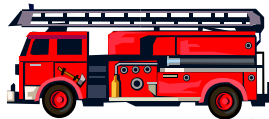




EMERGENCY CHEMICAL RESPONSE FORM

PLEASE: FILL OUT & RETURN



Please complete and return to:

By: May 31, 2018

JOHNSON COUNTY HEALTH DEPARTMENT

460 N. Morton Street, Suite A

FRANKLIN IN 46131

Phone: 317-346-4365

REGISTRATION FORM FOR PUBLIC AND SEMI-PUBLIC SWIMMING POOLS

1. Name of pool: _____ Phone # _____
2. Pool Address: _____
3. Owner of pool: _____
Mailing address: _____
Street _____ City/State _____ Zip _____
Email: _____
4. Manager of pool: _____
Mailing address: _____
Street _____ City/State _____ Zip _____
Email: _____
5. Water: city or private _____ Fire department: _____
6. Sewage: city, private or other type (please describe) _____
7. Pool to be used by: _____
8. Pool capacity: _____ gallons 2nd pool capacity _____ gallons
9. Type of filter: Cartridge _____ Diatomite (DE) _____
Sand _____ Other _____
10. 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?) _____
11. Type of Shock product used: _____ Type: _____ Liquid _____ Powder
12. Type of chemicals used: Include type of product or name of product:
Acid: _____ ph increaser: _____ Clarifier: _____
13. Do you have **Safety Data Sheets** for each chemical on site in case of an emergency? yes____ no____
14. Person(s), other than above, operating/managing the pool:

Name(s):

Phone

Hours in charge:

Forms completed by:

Name:

FILL OUT & RETURN PLEASE

Title:

Phone: