

**CHECKLIST FOR THE
EVALUATION OF POOL SITES**

Site Details

Site Name

.....

Site Address

.....

Owner

.....

.....

Operator

.....

.....

Responsible

What are the daily operating hours?

Monday from..... until

Tuesday from..... until

Wednesday from..... until

Thursday from..... until

Friday from..... until

Saturday from..... until

Sunday from..... until

How many days per year is the pool in operation? days/year

What is the typical customer base?

Regular swimmers %

Babies and kids %

Mentally challenged people %

Incontinent people %

How many people use the pool per year? swimmers/year

What is the maximum bather load per day? swimmers/day

Calculation according to Standard¹

Name of Standard

.....

	Pool 1	Pool 2	Pool 3	Pool 4
Production capacity (g/h)				

Calculation according to Demand¹

	Pool 1	Pool 2	Pool 3	Pool 4
Pool length (m)				
Pool width				
Pool depth				
Pool volume				
Pool location	<input type="checkbox"/> indoor <input type="checkbox"/> outdoor or high sun exposure	<input type="checkbox"/> indoor <input type="checkbox"/> outdoor or high sun exposure	<input type="checkbox"/> indoor <input type="checkbox"/> outdoor or high sun exposure	<input type="checkbox"/> indoor <input type="checkbox"/> outdoor or high sun exposure
Sun exposure of pool area (100%=high, 0%=no day light) % % % %
Pool with stainless steel surface	<input type="checkbox"/> Yes, % <input type="checkbox"/> No	<input type="checkbox"/> Yes, % <input type="checkbox"/> No	<input type="checkbox"/> Yes, % <input type="checkbox"/> No	<input type="checkbox"/> Yes, % <input type="checkbox"/> No
Other stainless steel components in the treatment system (movable floors)	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No

¹ Please note that only the production of each cell block can be controller from a pool controller, i.e. each controller requires a separate cell block to be installed in order to monitor and adjust the quantities. In this survey each pool is separately controlled unless specified.

Balance tank volume				
Filter diameter				
No of filters				
No of pumps				
Total flow (filtration)				
Flow adjusted (manually or automatic)	<input type="checkbox"/> Yes, % <input type="checkbox"/> No	<input type="checkbox"/> Yes, % <input type="checkbox"/> No	<input type="checkbox"/> Yes, % <input type="checkbox"/> No	<input type="checkbox"/> Yes, % <input type="checkbox"/> No
Ozonation installed and percentage of flow (i.e. 100%=full stream)	<input type="checkbox"/> Yes, % <input type="checkbox"/> No	<input type="checkbox"/> Yes, % <input type="checkbox"/> No	<input type="checkbox"/> Yes, % <input type="checkbox"/> No	<input type="checkbox"/> Yes, % <input type="checkbox"/> No
Carbon in main or bypass filter (please specify, e.g. depth of carbon layer and percentage of flow)	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> No
Total flow (back-wash)				
Type of chlorination product used	<input type="checkbox"/> Chlorine gas in bottles <input type="checkbox"/> Sodium hypochlorite <input type="checkbox"/> Calcium hypochlorite <input type="checkbox"/> Isocyanuric acid <input type="checkbox"/> Other	<input type="checkbox"/> Chlorine gas in bottles <input type="checkbox"/> Sodium hypochlorite <input type="checkbox"/> Calcium hypochlorite <input type="checkbox"/> Isocyanuric acid <input type="checkbox"/> Other	<input type="checkbox"/> Chlorine gas in bottles <input type="checkbox"/> Sodium hypochlorite <input type="checkbox"/> Calcium hypochlorite <input type="checkbox"/> Isocyanuric acid <input type="checkbox"/> Other	<input type="checkbox"/> Chlorine gas in bottles <input type="checkbox"/> Sodium hypochlorite <input type="checkbox"/> Calcium hypochlorite <input type="checkbox"/> Isocyanuric acid <input type="checkbox"/> Other
Chlorine concentration in product (%)				
Total consumption per year (kg)				
Peak consumption per day (kg)				

Type of pH correction agent used	<input type="checkbox"/> Hydrochloric acid <input type="checkbox"/> Sulphuric acid <input type="checkbox"/> CO ₂ gas <input type="checkbox"/> Sodium hydroxide (NaOH) <input type="checkbox"/> Other	<input type="checkbox"/> Hydrochloric acid <input type="checkbox"/> Sulphuric acid <input type="checkbox"/> CO ₂ gas <input type="checkbox"/> Sodium hydroxide (NaOH) <input type="checkbox"/> Other	<input type="checkbox"/> Hydrochloric acid <input type="checkbox"/> Sulphuric acid <input type="checkbox"/> CO ₂ gas <input type="checkbox"/> Sodium hydroxide (NaOH) <input type="checkbox"/> Other	<input type="checkbox"/> Hydrochloric acid <input type="checkbox"/> Sulphuric acid <input type="checkbox"/> CO ₂ gas <input type="checkbox"/> Sodium hydroxide (NaOH) <input type="checkbox"/> Other
pH Correction agent concentration in product (%)				
Total consumption per year (kg)				
Peak consumption per day (kg)				
Average bather load per day				
Maximum bather load per day				
Maximum bather load per hour				
Typical dilution (L/bather/day)				
Controller				
Controller can provide signal output for pH value and free chlorine residual	Free chlorine residual <input type="checkbox"/> 4-20mA <input type="checkbox"/> 0-20mA <input type="checkbox"/> 0-10V pH value <input type="checkbox"/> 4-20mA <input type="checkbox"/> 0-20mA <input type="checkbox"/> 0-10V <input type="checkbox"/> No	Free chlorine residual <input type="checkbox"/> 4-20mA <input type="checkbox"/> 0-20mA <input type="checkbox"/> 0-10V pH value <input type="checkbox"/> 4-20mA <input type="checkbox"/> 0-20mA <input type="checkbox"/> 0-10V <input type="checkbox"/> No	Free chlorine residual <input type="checkbox"/> 4-20mA <input type="checkbox"/> 0-20mA <input type="checkbox"/> 0-10V pH value <input type="checkbox"/> 4-20mA <input type="checkbox"/> 0-20mA <input type="checkbox"/> 0-10V <input type="checkbox"/> No	Free chlorine residual <input type="checkbox"/> 4-20mA <input type="checkbox"/> 0-20mA <input type="checkbox"/> 0-10V pH value <input type="checkbox"/> 4-20mA <input type="checkbox"/> 0-20mA <input type="checkbox"/> 0-10V <input type="checkbox"/> No

Typical free chlorine residual				
Typical pH value				
Flow detector in main circulation line	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please consider:

1. Power supply (single phase)
2. Waste water connection
at floor level of plant room
3. Fresh water connection
min. 1,5 bar pressure
4. Signal cable connection to controller(s)
5. Water connection from/to treatment system
6. Hydrogen release pipe to outside
including local building code
7. Room ventilation for plant room
8. Size of electrolysis unit
approx. 1,8 m with 1 cell bloc and 0,6 m for each additional cell bloc
9. Weight of electrolysis unit
approx. 500 kg with 1 cell bloc and 200 kg for each additional cell bloc

Please provide:

- Recent Filling water analysis indicating at least
 - o pH-value
 - o Hardness
 - o Alkalinity
 - o Oxidability
- Schematic of Treatment process
 - o (including filters with filter media depth and type, pumps, booster pumps, dosage equipment, fresh water addition, etc)
- Other important information:

As of _____ 20__

Prepared by: _____

Signature: _____