



Property Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

### **Training Objectives:**

Participants were trained on the following:

- Proper use of pool testing kits
- Testing for chlorine, pH and other required chemicals
- Understanding ideal chemical ranges
- Recording test results accurately
- Procedures for reporting abnormal test readings
- Safety precautions when handling pool chemicals
- Frequency of testing and documentation
- Emergency procedures and escalation process

### **Employee Acknowledgment**

I acknowledge that I have completed the above training and understand how to conduct pool chemical tests as outlined. I understand the importance of accurate testing for guest safety and agree to follow all procedures and documentation protocols provided in training.

Employee Signature: \_\_\_\_\_

General Manager Signature: \_\_\_\_\_

CPO Signature: \_\_\_\_\_