COMMERCIAL CHLORINATION
Pool or Spa Audit Questionnaire

Dealer / Contractor ___________________________ Project Name ___________________________
Address ___________________________ Address ___________________________
City / Prov / State ___________________________ City / Prov / State ___________________________
Postal Code / Zip ___________________________ Postal Code / Zip ___________________________
Phone ___________________________ Phone ___________________________
FAX ___________________________ FAX ___________________________
E-Mail ___________________________ E-Mail ___________________________

Profile:
A) Is this a Pool or Spa? ________________ B) Is this indoor or outdoor? ________________
C) What is the capacity/volume of this project? ________________ (US Gals, Liters, or Cu Meters)
D) Is the project a flat-water pool, wave pool, slide pool, lazy river, or therapy/hospital pool?
(circle one)
   If yes, how many hours of operation? __________
E) What is the minimum number of hours, per day, the main filter pump operates? __________
F) What is the maximum number of bathers in the pool/spa at any one specific time? __________
G) What is the maximum number of bathers in the pool/spa over the entire day? __________
H) What is the maximum water temperature maintained? __________ (°F or °C)
I) What are the currently levels for the following Parameters?
   Total Alkalinity (ppm project) __________ Total Alkalinity (ppm source) __________
   Calcium Hardness (ppm project) __________ Calcium Hardness (ppm source) __________
   pH (project) __________ pH (source) __________
   Total Dissolved Solids (TDS) (ppm project) __________ (TDS) (ppm source) __________
J) How many days per year is the project operational? __________
K) How often is the project drained? __________ When was the project last drained? __________
L) How is the project currently being sanitized? _____________________________________________
M) What quantity of sanitizer is being used? __________ per day / week / month (circle one)

I confirm that the above information is complete and accurate, and I understand that it will be used for sizing an Autopilot System for this project.

__________________________ Autopilot Dealer ________________ Project Manager
SIZING BY KNOWN CHLORINE CONSUMPTION

Autopilot Commercial Cells produce the equivalent of 2.5 lbs of chlorine gas per 24 hrs.

2.5 lbs of chlorine gas is equal to:

- 2.75 lbs of Trichlor tablets (stabilized chlorine tablets – 90% available chlorine)
- 3.85 lbs of Calcium Hypochlorite (HTH, Super Shock – 65% available chlorine)
- 4.15 lbs of Dichlor (granular stabilized chlorine – 60% available chlorine)
- 2.5 gallons of Sodium Hypochlorite (Pool store bleach - 10% available chlorine)

If you are sizing a project based upon the pool's historical daily chlorine consumption, you can use the following formulas (take the resulting number and round up). You must use the heaviest chlorine usage to accommodate the worst case scenario. For most projects, this is the Fourth of July holiday.

______lbs of Trichlor used daily x 0.72 ________ Autopilot Cells needed

______lbs of Calcium Hypochlorite used daily x 0.52 ________ Autopilot Cells needed

______lbs of Dichlor used daily x 0.48 ________ Autopilot Cells needed

______gallons of Sodium Hypochlorite used daily x 0.8 ________ Autopilot Cells needed

Consult with your local Department of Environmental Health for any specific local regulations concerning Electrolytic Sanitizing methods.