

My Pool Profile

Becoming familiar with your pool equipment will help you and your pool professional better service your pool. Print and complete this Pool Profile to keep at hand for quick reference on your pool. Attach pictures of your pool and pool equipment with copies of receipts to further aid in identification.

Seasons Open:	<input type="checkbox"/> Year round <input type="checkbox"/> Partial	
Pool Type:	<input type="checkbox"/> In ground <input type="checkbox"/> Above ground	
Pool Shape:	<input type="checkbox"/> Round <input type="checkbox"/> Rectangle <input type="checkbox"/> L-Shaped <input type="checkbox"/> Oval <input type="checkbox"/> Kidney <input type="checkbox"/> Free Form	
Dimensions:	Length _____ Depth (Shallow End) _____ Width _____ Depth (Deep End) _____ Volume _____ gallons	
Pool Finish:	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Tile <input type="checkbox"/> Painted Concrete <input type="checkbox"/> Plaster <input type="checkbox"/> Vinyl <input type="checkbox"/> Other	
Pool Manufacturer and Model:		
Date of Purchase / Installation:	/	
Pump:	Horsepower:	HP
	Speeds:	<input type="checkbox"/> 1-Speed <input type="checkbox"/> 2-Speed
	Manufacturer: Model #: Serial #:	

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Filter:	Type:	<input type="checkbox"/> Cartridge <input type="checkbox"/> DE (Diatomaceous Earth) <input type="checkbox"/> Sand <input type="checkbox"/> Other
	Manufacturer: Model #: Serial #:	
Sanitizer Type:	<input type="checkbox"/> Chlorine <input type="checkbox"/> Minerals <input type="checkbox"/> Bromine <input type="checkbox"/> Biguanide <input type="checkbox"/> Other	
Sanitation Devices:	Type:	<input type="checkbox"/> Feeder <input type="checkbox"/> Salt Generator <input type="checkbox"/> Ozonator <input type="checkbox"/> Ionizer <input type="checkbox"/> Other
	Manufacturer: Model #: Serial #:	
	# of Hours Run Per Day:	Hours
Other / Accessory Information:		
Local Pool Professional:		
Phone Number:		
Emergency Phone Number		