

Establishment: _____ Facility type: _____ Time: _____
 Address/City: _____ Inspection Date: _____ Inspected by: _____

Risk Factor Items:		C	N/O	N/A	DNC	Risk Factor Items:		C	N/O	N/A	DNC	Risk Factor Items:		C	N/O	N/A	DNC
00 Swimming Pool:						06 Test Kit						11 Telephone					
A	Virginia Graeme Baker					A	Present					A	Accessible				
01 Pumps and Filters						B	General condition					B	Emergency # posted				
A	Circulation, Filtration					C	Accurate					13 Lifeguards					
B	Operability					D	Adequate test solutions					A	Sufficient number				
C	Backwash disposal					E	pH, Chlorine					B	Qualified staff				
D	Flow diagram posted					14 Pool Records						C	On/off duty posted				
E	Filter Type: _____					A	Up-to-date					10 Lifesaving Equip:					
02 Maintenance Chem.						B	Accurate					A	# Ring buoys				
A	Proper application					C	Complete					B	# Shepherd crooks				
B	Proper Storage					15 Structure						C	First Aid Kit				
C	Proper Handling					A	Gutters/Skimmer					E	Accessibility				
D	Disinfectant Type: _____					B	Ladders & Steps					15 Pool Rules					
03 Cross Connections						C	Walls					A	Posted/Visible				
A	Adequate (connect potable water supply to other)					D	Decks					B	Pool capacity posted				
04 Pool Water Chem Acceptable levels:						E	Floors					C	Rules enforced				
A	PH Range					F	Depth Markers					16 Permits					
B	Total Alkalinity (ppm)					G	Inlets					A	Current				
C	Cyanuric Acid (ppm)					H	Outlets					B	Posted				
D	Calcium Hardness (ppm)					Building						17 Shower Facilities					
E	Disinfectant Residual					A	Walks					A	Cleanliness				
05 Pool Water						B	Decks					C	Good Repair				
A	Clarity					C	Fencing: 4ft, latched gate					D	Warm water regulated				
B	Biogrowth, Debris					D	Lighting					E	Adequate number				
C	Temp					E	Electrical					F	Soap				
D	General Condition					F	Plumbing										

Water Supply **Sewage Disposal**
 Public _____ Public _____
 Private _____ Private _____

KEY: C (complies)
 N/O (not observed)
 N/A (not applicable)
 DNC (does not comply)
 O (other)

Risk Factor Items:		C	N/O	N/A	DNC
18 Dressing Rooms					
B	Satisfactory cleanliness				
C	Good Repair				
19 Toilet Facilities					
B	Disinfection				
C	Good repair				
D	Warm water regulated				
E	Adequate number				
F	Soap				
G	Ventilation				
H	Hand sink				
28 Miscellaneous					
A	Hose connections				
B	Food/drink in pool area				
C	Drinking fountain provided				
D	Glass containers present				

Chemical Log

Categories	Time Tested	Water Temp (82-84)	Free Chlorine (1.0-3.0)	Total Chlorine (1.0-3.0)	Combined Chlorine (<.5)	pH (7.2-7.6)	Turn over Rate: Gl / (flow)(60)	Tested By (Initials)

Sanitarian: _____ Person in Charge: _____ Date: _____