

DOEHRS-IH EHM: RECREATIONAL WATER -- SWIMMING POOL SANITATION REPORT

See TB MED 575

1. FACILITY NAME:	2. FACILITY ADDRESS:	3. INSTALLATION:	4. START DATE: (YYYYMMDD)	TIME: HH:MM
			5. END DATE: (YYYYMMDD)	TIME: HH:MM

6. INSPECTOR (Surveyor)	a. Name and Rank:	b. Phone:	c. Email:	d. Unit/Organization:
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7. PERSON IN CHARGE (PIC)	a. Full Name:	b. Phone:	c. Official Email:
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8. CONTRACTOR OPERATED (select one)		Yes	9. Pool Type (select one)	Swimming	Plunge/Catch	Wave	Other (specify):
		No					

10. INSPECTION TYPE: (select one)	Routine	Follow-Up	Complaint	Pre-Opening	Other (specify):
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11. IS WATER HEATED?	Yes	12. DISINFECTANT TYPE:	Chlorine	Bromine	13. Pool Volume :	gallons
	No		Other (specify):			

Item	Water Feature Information: Swimming Pool Water Feature	Yes	No	N/A	Item	Water Feature Information: Swimming Pool Safety	Yes	No	N/A
1	Pool, deck, and surrounding areas maintained and in good repair?				26	Is there adequate number of lifeguards?			
2	Are spectators / tables / chairs - 10 feet from the edge of the pool?				27	Is there lifesaving equipment (e.g. shepherd's hook, buoy ring (U.S. Coast Guard Approved and proper length), rescue tubes, back boards)?			
3	Are there adequate covered trash receptacles?				28	Is there an OSHA approved first aid kit available?			
4	Are there adequate number of water closets, lavatories, urinals, showers, and drinking fountains?				29	Is an AED (Automated External Defibrillator) available and operable?			
5	Is the filter / pump room clean and properly maintained?				30	Is there a working telephone with emergency numbers?			
Item	Water Feature Information: Swimming Pool Water Quality	Yes	No	N/A	Item	Water Feature Information: Swimming Pool Safety	Yes	No	N/A
6	Is a chemical test kit available?				31	Is there a safety line (line separating the shallow and deep ends)?			
7	Is the total Bromine disinfectant level satisfactory?				32	Is there adequate fencing?			
	Total disinfectant level: Shallow end: _____ ppm Deep end: _____ ppm				33	Is (are) there self-closing gate(s) and are they operating correctly?			
8	Is the free available Chlorine disinfectant level satisfactory?				34	Is the facility free of other hazards?			
	Free available chlorine level: Shallow end: _____ ppm Deep end: _____ ppm				35	Is it compliant with the Virginia Graeme Baker Pool and Safety Act (anti-entrapment system)?			
9	Is the pH satisfactory? pH: _____				36	Are chemicals properly stored?			
10	Is the temperature satisfactory? Temperature: _____ °F				37	Are required Material Safety Data Sheets (MSDS) available?			
11	Is the visual clarity satisfactory?				38	Are chemical warning signs properly displayed?			
12	Is the total alkalinity satisfactory? Total alkalinity: _____ ppm				39	Is Personal Protective Equipment (PPE) available?			
13	Is the calcium hardness satisfactory? Calcium hardness: _____ ppm				40	If diving is prohibited, are signs properly displayed?			
14	If required by regulation, has a water sample been collected for bacteriological analysis (after analysis, attach copy of results)?				Item	Water Feature Information: Swimming Pool Construction	Yes	No	N/A
15	Is the cyanuric acid satisfactory? Cyanuric acid: _____ ppm				41	Is the pool/spa/hot tub surface (walls and floors) easily cleaned and in good repair?			
16	Is the surface water free of scum/debris?				42	Is water on pool deck draining away from pool/spa/hot tub?			
17	Are the bottom and sides clean; vacuumed and scrubbed daily and as needed?				43	Is the deck area constructed with a nonslip surface, and easy to maintain?			
Item	Water Feature Information: Swimming Pool Operation	Yes	No	N/A	44	Is water removed for treatment and recirculation through overflow gutters or skimmers / water inlets and drains?			
18	Is a copy of the rules and warnings prominently displayed?				45	Is water distribution system protected against backflow?			
19	Is the maximum bather load posted?				46	Are ladders/steps with nonslip top surfaces provided at the shallow end and on each side of the deep end of the pool and in good repair?			
20	Are an appropriate number of qualified lifeguards/employees with documented first-aid training and CPR certifications on duty?				47	Are diving boards, slides, and other pool recreation equipment constructed of approved materials and appropriately placed to avoid injury?			
21	Is an operational log properly completed?				48	Are variations in pool depth marked on the pool deck or adjacent wall/fence in sufficient increments?			
22	Is a piping diagram of water and sewer lines posted near chemical equipment?				49	If a chlorine gas room is present, is it properly constructed and maintained?			
23	Is a pool specification sheet available?				50	Is the filter room properly secured, ventilated, lighted, and with proper drainage?			
24	Are chemical feeders operating properly?				This space left Blank				
25	Are hair/lint strainers operating properly?								

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Facility

Date

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Item	Restroom/Bath-House Facilities	Yes	No	N/A	Filter Information					
51	Are the walls, ceilings and floors clean?				Filter Name (Brand & model):					
52	Are the toilets, urinals, showers and hand basins clean?				Filter Media Type:	Cartridge		Diatomaceous Earth		Sand
53	Is there adequate ventilation and lighting?				Influent pressure gauge		PSI	Effluent pressure gauge		PSI
54	Are clothing, swimsuits and towels properly handled?				Filter operating properly?		Yes			No
55	Is the baby changing station clean?				Filter backwashed as need?		Yes			No
56	Are soap, toilet paper, paper towels, and trash receptacles available?				Filter Comments:					

Pump Information

Pump Name (Brand & model):		Rate of flow (Comment required if value is zero):		gal/min
Pump operating properly?	Yes	No	Pump Comments:	
Turnover Rate*:	Times/24-hours	This space left Blank		
<p>*Note: Turnover Rate is the number of turnovers that occur in a 24-hour period. A Turnover is the <u>length of time</u> needed for the pool to circulate its entire volume one time. TB MED 575 specifies the maximum Turnover Time allowed for each aquatic venue.</p> <p style="text-align: center;">Turnover Time = 24 hours ÷ Turnover Rate Turnover Rate = 24 hours ÷ Turnover Time</p>				

14. OVERALL REMARKS (describe individual Item deficiencies here)

**Water samples taken during this inspection:	Yes	No	Sample Type:	HPC	**Note: Attach a copy of the sample results to this inspection document and upload the results to the inspection report in DOEHRS.
				Coliform (Total or E.coli)	

15. INSPECTION RATING:	Satisfactory	Unsatisfactory	16. FOLLOW-UP REQUIRED:	Yes	No	17. FOLLOW UP DATE NLT: (YYYYMMDD)	
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18. SIGNATURE: Signature on this form represents acknowledgment that the person in charge has been briefed on the deficiencies noted, corrective actions and timeframe to complete, the final inspection rating, and the date scheduled for follow-up inspection (unsatisfactory inspections only).

a. Inspector Signature		b. DATE (YYYYMMDD):
c. Person in Charge Signature		d. DATE (YYYYMMDD):