PUBLIC POOL INSPECTION FORM

Facility Name:			Date:		
Address:	Town:	Title:			
Person(s) Conducting Inspectio	Title:				
Pool Supervisory Person:	Title:				
Type of Pool: ()Swimming ()W	ading	g ()Whirlpool ()Other		
()Outdoor ()Indoor			Diving Board(s): ()Yes ()	No	
Pool Approval Date:			Pool Volume:	Ga	ls.
Disinfectant Used: ()Chlorine			()Bromine ()Other		
Disinfectant Residual: Free:	••••	••••	Total: pH:	••••	•••
Pool	<u>S</u>	U	Equipment Room	<u>S</u>	U
Clarity of Water			Circulating Pump (size: HP)		
Skimmers/Gutters (water level)			Inlet & Outlet Gauges		
Depth/ No Diving markers			Filter (type: size: ft ²)		
Drains (grates)			Backwash Line (air gap)		
Wading Pool min. 2 Drains			Filtration Rate (gpm/sf)		
Make-up water (air gap)			Flow Gauge (flow: gpm)		
Ladders/ Stairs			Turnover Rate (hrs.)		
Deck (condition/cleaning)			Automatic Disinfection		
Safety Equipment (1 set/100ft.)			Chemical Storage		
Lifeguard/Lifeguard Stand			Test Kit (DPD)		
First Aid Kit			Record Keeping/Log Books		
Signs:			Pool Drainage Provisions		
No Diving/No Lifeguard			Whirlpool Temp. (<104°F)		
Pool/Whirlpool Spa Rules			• ` ` ` `		
Fencing/ Gates /Doors			Bathhouse Facilities		
Telephone			Drinking Fountain		
-	Y	N			
Strong Chlorine Odor					
Mold/Excess Moisture Present					
(indoor pools only)			S = Satisfactory U=Unsa	tisfacto	ory
Remarks:					
Kemarks.					
Inspection Conclusion: ()	Satis	facto	ory () Unsatisfactory (see bel	ow)	
Corrective Action Needed:					
Inspector:			Contact Phone Number:		