

CHECKLIST FOR ROUTINE INSPECTION OF SWIMMING POOLS

For use of this form, see TB MED 575; the proponent agency is the OTSG

1. Installation (APO)	2. Building No.	3. Facility Designation
4. Person in charge of facility	5. Telephone No.	6. Copy checklist furnished to
7. Mailing address	8. Purpose of inspection <input type="checkbox"/> Regular <input type="checkbox"/> Pre-opening <input type="checkbox"/> Courtesy <input type="checkbox"/> Other (<i>specify</i>): _____	

(Check appropriate box.)

SECTION I - WATER

Satisfactory	Unsatisfactory	
		a. Free available chlorine residual (mg/L): _____ shallow end _____ deep end
		b. Combined chlorine (mg/L) (<i>if measured</i>): _____ shallow end _____ deep end
		c. pH: _____ shallow end _____ deep end
		d. Temperature:
		e. Visual clarity.
		f. Water sample collected for bacteriological analysis at shallow and deep ends; after analysis, attach copy of results.

SECTION II - GENERAL

		a. Bather load posted / # in pool area _____
		b. Pool clean
		c. Surface drainage
		d. Pool properly enclosed
		e. Area clean
		f. Lifeguards (<i>qualified / min. 2</i>)
		g. Lifesaving equipment / First Aid Kit / Tel or Emer Veh present
		h. Regulations posted and enforced
		i. Opening records (<i>FAC & pH minimum 4 daily</i>)
		j. Test kit available
		k. Spectators / tables / chairs - 10 feet from edge of pool

(Continue on reverse.)

<i>(Check appropriate box.)</i>		SECTION III - POOL CONSTRUCTION
Satisfactory	Unsatisfactory	
		a. Smooth, easily cleaned surfaces
		b. Depth markings
		c. Steps and ladders / diving area
		d. Overflow gutters or skimmers / water inlets and drains
SECTION IV - RESTROOMS AND DRESSING ROOMS		
		a. Rooms clean
		b. Soap, toilet paper, and paper towels available
		c. Floors and showers disinfected daily
SECTION V - REMARKS <i>(Explanation of any unsatisfactory findings)</i>		