

# Pool/Spa Inspection Report

Facility Name: \_\_\_\_\_ Establishment# \_\_\_\_\_  
 Address: \_\_\_\_\_

ESTAB NO:		DATE:	
FACILITY TYPE:		TIME:	START:      END:
INSPECTOR:		TOTAL TIME:	Trvl time:
Surface area of Pool:		BOTTLE NUM:	

## CHEMICAL EVALUATION:

Free Chlorine:	pH:
Total Chlorine:	ORP:
Combined Chlorine:	Other:
Hardness:	Alk:
C. Acid:	

## SAFETY and OVERALL EVALUATION:

CodeNum	Item	Okay	Violation	Points
201	Water unclear, bottom not visible			40*
202	Free Chlorine below 0.4 mg/l for pH 7.2-7.5			15
203	Combined Chlorine >0.2			20*
204	PH not between 7.2 and 8.2			10
209	Black drain cover/circle around drain not present			2
210	Depth markings not visible (deck) (inside pool wall)			2
211	Life line not in place			2
212	Life saving equip missing or inaccessible (shepherd's crook) (ring)			2
213	Pool Signs/rules not conspicuous No Lifeguard 4" or larger			1
213A	Spa Signs/rules not conspicuous			1
214	Gates/doors closed and self latching			5
215	Chemicals not stored in safe manner			1
219	Immediate Danger			40*
220	Pump Out			40*
221	Decks good repair			2
222	Pool/Spa cleaned and vacuumed			2
223	Pool/Spa needs painting			1
225	Electrical Defect			40*
228	Wastewater disposal: Air gap, Land App, NPDES			4
230	Missing Backflow device at hose bib			10
230A	Cross Connection pool/spa sewer/water			10
231	Sanitation			10
232	Lifeguard Required(2000 to 3999sq=1)4000sq & Over =2			40*
Comments				

All starred items, close pool and correct immediately  
 If a sample was taken for biological evaluation, in the event the results are not satisfactory, you will be notified by phone promptly. See reverse side for additional information.

Inspector: \_\_\_\_\_ Received By: \_\_\_\_\_