

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

## SECTION II - GENERAL

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

(Continue on reverse.)

(Check appropriate box.)

**SECTION III - POOL CONSTRUCTION**

Satisfactory	Unsatisfactory	
<input type="checkbox"/>	<input type="checkbox"/>	a. Smooth, easily cleaned surfaces
<input type="checkbox"/>	<input type="checkbox"/>	b. Depth markings
<input type="checkbox"/>	<input type="checkbox"/>	c. Steps and ladders / diving area
<input type="checkbox"/>	<input type="checkbox"/>	d. Overflow gutters or skimmers / water inlets and drains

**SECTION IV - RESTROOMS AND DRESSING ROOMS**

<input type="checkbox"/>	<input type="checkbox"/>	a. Rooms clean
<input type="checkbox"/>	<input type="checkbox"/>	b. Soap, toilet paper, and paper towels available
<input type="checkbox"/>	<input type="checkbox"/>	c. Floors and showers disinfected daily

**SECTION V - REMARKS** (*Explanation of any unsatisfactory findings*)