Facility Nar	me			Ver	nue Permit	#:			Dat	:e:			Page	1 of _			
		AQ	UATIC FAC	ILITY I	NSPECTIO	ON REI	PORT	Time	e: In	/ Out _		_					
								ſ	NN								
		Address			City				tate		Zip Co	ode					
Purpose o		☐ Annual	☐ Re-insp	ection	☐ Compla	aint	Othe	r·			INSI	PEC	ΓΙΟΝ	STA	ATUS	S:	_
Inspection		☐ Class A	☐ Class B		☐ Class C		Class					ppro	oved				
Facility Cla		□ Class A		16							□Те			y Cl	osur	e	
Type of Ve		☐ Hotel/Motel	☐ Hot Tub		☐ Wading		☐ Intera		У	1 H							
Indoor	y P001	Outdoor	Other:	ι.	□ IVIUIIICI	рат	L Callip	Club			□ R	e-Ins	spec	tion	Req	uire	<u>e</u> d
□ IIIdooi		- Outdoor	□ Other.														
		Water Quali	ty				of Aquatic	Turnov		Tu	rnove	er an	d Bat	her l	oad		_
Free Chlor	r <b>ine</b> (FC	) (1-10 ppm for pools) (	2-10 ppm		ppm		rity Pools	2 hours o		Volume					gallo	ns	
		d for pools) (3-10 ppm	for spas)		ррііі		ng Pools	8 hours o		Flowrate					Bullo		
Total Chlo	rine (T	<b>5</b> )			ppm		ctive Play* ry River	2 hours		Pool Turno	wer			ours			
Combined	l Chlori	ne (CC) (TC-FC= CC) ≤0	4		ppm	$\overline{}$	ge Pools out Slide	1 hour o		Volume			· O ÷		pm =	hrs	
Bromine (	3-8 ppn	n for pools)(4.0-8.0 ppm	for spas)		ppm	Wadi	ng Pools*	1 hour o	r less	Spa Turnov	er		minu	tes			
pH (7.2-7.8	8)						her Pools	2 hours o	_	Volume				gpm	= mir	nutes	;
•		00 ppm (outdoor venue	s only)			*Shal	l have second	-	ion	Square foo Bather load							
Cyununc.			· · · · · · · · · · · · · · · · · · ·		ppm		syster	115				n./*	P. Evo	relea	Dools		_
	NSF Ce	rtified (Y/N) Model	No.		Tvn	e				Temperatures	Thera	Loa		rcise		nover	
Filter	Max. Filter rating (GPM) Max. psi						≤ 72°-93°F	> 2!		s/perso	n		kimum				
		(2					(22°-34°C)		(9.46	m³)	$\perp$	4 hours or less					
Pump		SI Accredited (Y/N) Model No HP							≤ 72°-93°F (22°-34°C)	> 4	(1.7	s/perso m³)	n	2 hours or less			
	ANSI A	ccredited (Y/N) Mo	del No			HP	<del></del>			≤ 72°-93°F (22°-34°C)	≤ 4	50 gals (1.7	s/perso	n	1 hou	ır or le	ss
										≥ 93-104°F		Α.			0.5 hou	urs or l	less
Mark "	X" or "•	"for each numbered it	em and in CO	OS and/o	or R if need	ed				(34°-40°C) *Shall h	nave sec						
Item		Descriptions (RED= cri	tical violatio	nc)								In	Out	N/A	N/O	COS	
1		Enclosure: fencing, wa		_	in good ren	air							Out	IV/A	NO	COS	#
2		Self-closing/Self-latch					V										+
3		Protected overhead e	ectrical wire	s/GFCI	electrical re	ceptac	es										
4		Grab rails, ladders secu		good re	epair												_
5 6		Float/safety line clearl "Depth" & "No Diving"		ntractin	a markinas	on stair	s and hon	chos: in	good i	ronair and vic	riblo						+
		Skimmers: Weirs; float									SIDIC						+
7	Area	repair. Gutters proper							_	Ü							
8	a A	Recirculation inlets fur								: \_							_
9	Pool/Spa	Main drain covers sec Water is clear, main d		e, in goo	od repair & \	VGB co	mpliant.	$\overline{}$	_	-							╁
10 11	<b>-</b> 60 €	Starting blocks remove		or acces	s blocked				-+	_							+
12		Pool deck free from ok				gency e	exit marke	ed	-	,							$\dagger$
13		Emergency phone or o	ther commu	nication	n device ava	ilable a	nd well-m	arked									
14			irst Aid Kit available, stocked; bloodborne pathogen spill kit										_				
15 16		Appropriate safety eq Adequate supervision				air/ Em	ergency s	hut off	/_/	4/							-
17		Signs: Bather load/rule				ard on	Duty/und	er 14· l e	gihle a	and in good r	enair						+
18		Spa temperature ≤ 10							_		-pun		t				t
19	Ĕ.	Approved NSF/ANSI S				_			. /								I
20	Chem.	Proper disinfectant le		VAA		) and	_ <	7 (									L
21		pH between 7.2 and 7		-11	ENT		OF.										1
22 23	Water	Combined chlorine ≤ 0  Cyanuric acid < 100 pp		only	. 4							-	$\vdash$				+
Person in C			บนเนบปโ	only,			or: (Signa	. \					<u> </u>	<u> </u>		1	



Faci	lity N	ame Venue Permit #: Date:	ate:			<u> </u>	of	
Item		Descriptions (RED= critical violations)	In	Out	N/A	N/O	COS R	
24		Automated feeder operable (NSF)						
25		Automated controller operable; Connected to disinfection and pH (ORP)						
26		Piping and valves identified and marked; No cross connections						
27	٠	Flow meter present and operating; Meets designed turnover rate						
28	Equipment	Recirculation pump: approved (ANSI), good repair, operating - SVRS						
29	ipn	Filter: approved (NSF), good repair, operating; Flow rate of filter not exceeded						
30	nb	Pump Strainer: baskets in good condition, not clogged, not leaking						
31		Filter gauges operable: Filter inlet and outlet, strainer; sight glass						
32		Proper functioning: ☐ UV system; ☐ Ozone system (only required on specific venues)						
33		Chemicals: labeled, stored safely, secured; Equipment Room Ventilation						
34		Appropriate Personal Protective Equipment (PPE) available						
35	С.	Diaper-changing station present; sink, adjacent trash can, disinfectant						
36	Fa	Used equipment separated from cleaned equipment						
37	ene	Toilets: clean, good repair, bathroom appropriately stocked						
38	Hygiene	Rinse showers: good repair, accessible						
39	I	Cleansing showers: Warm, non-scalding water available; good repair; soap						
40		Operator training certification available onsite						
41		Lifeguard training certification available onsite						
42		Inspection report conspicuously posted at each entrance						
43		Operator inspection daily items: checklist used daily						
44	S	Operator inspection items: evidence of appropriate steps promptly taken						
45	Records	Chemical records: filled out daily at required times						
46	Sec.	Chemical records: evidence of appropriate steps promptly taken						
47		Emergency Action Plan available on site.						
48		Substantial unauthorized alterations/equipment replacement						
49		Indoor venues. Sufficient ventilation (no odor, mold, rust, etc.)						
50		Other						

## See "Aquatic Facility Inspection Report Cheat Sheet" for explanation or definition of inspection items.

	See Aquatic racinty inspection report cheat sheet for explanation of definition of inspection items.									
		OBSERVATIONS								
Item #	De	Description of Violation								
Person in Cl	narge: (Printed)	Person in Charge: (Signature)								
Inspector: (	Printed)	Inspector: (Signature)								

☐ Approved	☐ Temporary Closure	☐ Closed ☐ Re-Inspection Required

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## AQUATIC FACILITY INSPECTION REPORT CONTINUATION

	OBSERV	'ATIONS
Item#	Description	of Violation
Person in Charge		Person in Charge: (Signature)
Inspector: (Print	ed)	Inspector: (Signature)

$\neg$	Annroved	$\Box$	Temporary	Closure	□ Closed □	l Re	-Inspection	Required
_	ADDIOVEG	_	I CITIDOTAL V	Ciosuie	L Closed L	116	-111306611011	neuunet