

**Georgia Department of Community Health
PUBLIC SWIMMING POOL INSPECTION RECORD**

For Demonstration Purposes Only

Name of Facility	Address	City	State	<input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
Certified Pool Operator	Address	City	State	
Deficiencies found on the inspection are marked with a (C). A checkmark indicates satisfactory performance, and (N/A) means non-applicable. *Indicates a substantial health hazard. Deficiencies marked with a (C) or * should be considered substantial health hazards depending on severity. The pool must be closed until substantially all deficiencies are corrected. If one or more substantial health hazards violated, two or more other items violated, repeated violations, or multiple violations are noted. An unsatisfactory rating may result in enforcement action.				
		X/√	Notes:	
POOL WATER	1. Ventilation, adequate			ENFORCEMENT <input type="checkbox"/> None <input type="checkbox"/> Permit Suspended <input type="checkbox"/> Closed Voluntarily <input type="checkbox"/> Re-inspection needed within _____ days <input type="checkbox"/> Hearing Requested/Recommended Permit No. [][][][] Expiration Date [][][] [][][] YR MO DA Purpose: 1. Routine 2. Follow-up 3. Request 4. Complaint 5. Other _____ Length of Inspection _____ Minutes Pool Type: <input type="checkbox"/> Swimming/Pool <input type="checkbox"/> Spa <input type="checkbox"/> Special Purpose Pool: Type: _____ Required Turnover Rate _____ gpm Type of Disinfectant _____ Required Concentration _____ [][][][] Bather Load Laboratory Sample <input type="checkbox"/> 1. None <input type="checkbox"/> 2. Water <input type="checkbox"/> 3. Other Reason for Sample: _____
	2. Drains properly marked			
	3. Overflow facilities adequate			
	4. Constant water level			
	5. Turnover adequate			
	* 6. Disinfectant residual: Concentration _____			
	* 7. pH (7.2-7.8)			
	8. Total Alkalinity			
	9. Calcium Hardness			
	10. Cyanuric Acid			
	* 11. Clarity			
PUMPING FILTRATION AND TREATMENT SYSTEM	* 12. Pump operating properly			
	* 13. Filters functioning properly			
	14. Hair & lint strainers functioning properly			
	* 15. Skimmers/Gutters maintained & operating properly			
	* 16. Chemical feeders operating properly			
DECK AND POOL AREA	18. Pool & Decks clean, and in good repair			
	19. Night lighting adequate			
WATER AND FACILITIES	20. Hot & cold water under pressure			
	21. Adequate toilet facilities & showers			
SEWAGE DISPOSAL	22. Sewage disposal method: 1. Public, 2. Septic Tank, 3. Positive outlet, (approved and functioning properly)			
SAFETY PRE-CAUTIONS	23. Life line in place/Separation of wading pool			
	24. Warning/Safety sign posted in clearview of pool area			
	25. First aid kits available & properly equipped			
	26. Emergency & lifesaving equipment in conspicuous place			
	27. Emergency phone provided and hard wired			
	28. Gas cylinder precautions adequate			
	29. Proper barrier around pool			
	30. Main drains properly covered and maintained			
OPERATOR AND RECORDS	31. Certified Pool Operator: 1. On-site 2. Contract			
	32. Lifeguard(s) (if provided) has proper certification			
	33. Trained operator on duty			
	34. Appropriate records on file			
	35. Pool test kit(s) available and adequate for all necessary tests			
	36. Other			
Remarks:				
Date of Inspection	Discussed with (Signature & Title)		Inspected by (Signature & Title)	