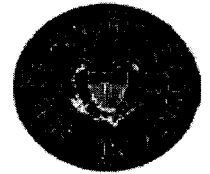




Hendricks County Health Department Swimming Pool Inspection Form
Inspection based on Indiana State Department of Health 410 IAC 6-2.1 and
Hendricks County Public Pool and Spa Ordinance 2003-27



Pool Name: _____ Permit Number: _____

Size: under 2000 sq. ft 2000 sq. ft. and over

Pool Type: _____

Purpose: Routine Follow-up Opening Complaint # _____

<u>Pool Water Chemistry (Section 30)</u>			Sat.	Unsat.	<u>Lifesaving and Safety Equipment (Section 34)</u>			Sat.	Unsat.	NA
Operating Records			<input type="checkbox"/>	<input type="checkbox"/>	Life Pole			<input type="checkbox"/>	<input type="checkbox"/>	
Test Kit			<input type="checkbox"/>	<input type="checkbox"/>	Ring Buoy with Rope			<input type="checkbox"/>	<input type="checkbox"/>	
Free Chlorine	_____ ppm		<input type="checkbox"/>	<input type="checkbox"/>	Spine Board with Straps and Head Immobilizer			<input type="checkbox"/>	<input type="checkbox"/>	
Combined Chlorine	_____ ppm		<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kit with Two (2) Blankets			<input type="checkbox"/>	<input type="checkbox"/>	
Total Alkalinity	_____ ppm		<input type="checkbox"/>	<input type="checkbox"/>	Telephone			<input type="checkbox"/>	<input type="checkbox"/>	
Cyanuric Acid	_____ ppm		<input type="checkbox"/>	<input type="checkbox"/>	Depth Markings			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pH	_____		<input type="checkbox"/>	<input type="checkbox"/>	Transition Line			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disinfectant Type	_____									
<u>Chemical Storage (Section 33)</u>			Sat.	Unsat.	<u>Lifeguards (Section 35)</u>			Sat.	Unsat.	NA
All Items at Least 6 Inches Off Floor			<input type="checkbox"/>	<input type="checkbox"/>	Lifeguard(s) Present			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Lifeguard Platform or Chair			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Sanitary Facilities (Section 29)</u>			Sat.	Unsat.	<u>Water Quality /Cleaning (Sections 31 & 37)</u>			Sat.	Unsat.	NA
Supplies and Water			<input type="checkbox"/>	<input type="checkbox"/>	Main Drain			<input type="checkbox"/>	<input type="checkbox"/>	
Safe and Sanitary Condition			<input type="checkbox"/>	<input type="checkbox"/>	Inside Surfaces			<input type="checkbox"/>	<input type="checkbox"/>	
<u>Warning Signs (Section 36)</u>			Sat.	Unsat.	Skimmers / Gutters			<input type="checkbox"/>	<input type="checkbox"/>	
User Sanitation and Safety Rules			<input type="checkbox"/>	<input type="checkbox"/>	Temperature			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning Signs			<input type="checkbox"/>	<input type="checkbox"/>						
<u>Bacteria Samples:</u>	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /
(Section 31)	S U	S U	S U	S U	S U	S U	S U	S U	S U	S U

Section	Violation Narrative
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Health Department Inspector: _____ Phone: (317) 745-9217

Copy of Report Received by: _____ Date: _____

IAC 410 6-2.1-30 requirements for chlorine:

Pool Type	Minimum	Maximum
Wading Pools	3.0 ppm	7.0 ppm
Spa pools	2.0 ppm	7.0 ppm
Waterslide plunge pools	2.0 ppm	7.0 ppm
Wave pools	2.0 ppm	7.0 ppm
All other pools	1.0 ppm	7.0 ppm