



Georgia Department of Public Health PUBLIC SWIMMING POOL INSPECTION RECORD

Name of Facility		Address	City	County	<input type="checkbox"/> SATISFACTORY				
Certified Pool Operator		Address	City	County					
Deficiencies found on the inspection are marked with a (X). A check mark (√) indicates satisfactory compliance, and (N/A) means non-applicable. *Indicates a substantial health hazard. Other items may be considered substantial health hazards depending on severity. The pool must be closed until substantial health hazards are corrected. One or more substantial health hazards violated, two or more other items violated or repeated violations will result in an unsatisfactory rating. An unsatisfactory rating may result in enforcement action.					<input type="checkbox"/> UNSATISFACTORY				
		X/√	Notes:						
POOL WATER	1. Water supply approved, 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 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> YY MM DD Purpose: <input type="checkbox"/> 1. Routine <input type="checkbox"/> 2. Follow-up <input type="checkbox"/> 3. Request <input type="checkbox"/> 4. Complaint <input type="checkbox"/> 5. Other____				
	2. Depth 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	17. Recirculation and filtration equipment readily accessible								
	18. Pool & Decks clean, and in good repair								
WATER AND FACILITIES	19. Night lighting adequate								
	20. Hot & cold water under pressure								
SEWAGE DISPOSAL	21. Adequate toilet facilities & showers								
	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 clear view 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:					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 _____ hours Type of Disinfectant _____ Required Concentration _____ Bather Load <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> Laboratory Sample <input type="checkbox"/> 1. None <input type="checkbox"/> 2. Water <input type="checkbox"/> 3. Other Reason for Sample: _____				
Date of Inspection					Discussed with (Signature & Title) _____ Inspected by (Signature & Title) _____				