



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

Name of Facility		Address		City	County	<input type="checkbox"/> <b>SATISFACTORY</b>	
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.							
		X/√	<b>Notes:</b>				
<b>POOL WATER</b>	1. Water supply approved, adequate					<b>ENFORCEMENT</b> <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  <b>Permit No.</b> _____  <b>Expiration Date</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <span style="width: 15px;"></span> <span style="width: 15px;"></span> </div> YY MM DD  <b>Purpose:</b> <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 _____  <b>Length of Inspection</b> _____ Minutes  <b>Pool Type:</b> <input type="checkbox"/> Swimming/Pool <input type="checkbox"/> Spa <input type="checkbox"/> Special Purpose <b>Pool:</b> <b>Type:</b> _____  <b>Required Turnover Rate</b> _____ hours <b>Type of Disinfectant</b> _____  <b>Required Concentration</b> _____  <b>Bather Load</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> <span style="width: 15px;"></span> <span style="width: 15px;"></span> </div> <b>Laboratory Sample</b> <input type="checkbox"/> 1. None <input type="checkbox"/> 2. Water <input type="checkbox"/> 3. Other <b>Reason for Sample:</b> _____	
	* 6. Disinfectant residual: Concentration _____						
	* 7. pH (7.2-7.8)						
	8. Total Alkalinity						
	9. Calcium Hardness						
	10. Cyanuric Acid						
	* 11. Clarity						
	* 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							
17. Recirculation and filtration equipment readily accessible							
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)						
<b>SAFETY PRE-CAUTIONS</b>	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						
<b>OPERATOR AND RECORDS</b>	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						
<b>Remarks:</b>							
Date of Inspection		Discussed with (Signature & Title)			Inspected by (Signature & Title)		