



PUBLIC SWIMMING POOL INSPECTION REPORT

Facility Name: _____

DO NOT COPY

Points	RATING
	<input type="checkbox"/> SATISFACTORY
	<input type="checkbox"/> UNSATISFACTORY

Facility Address: _____

Permit Number: _____

Trained Operator's Name: _____

Inspection Date: _____

Time In: _____

Peak Occupancy: _____

Pool Volume: _____ gallons

Time Out: _____

Req. Turnover: _____ Hrs

Pool Location: Indoor Outdoor Both

Req. Disinfectant Level: _____ ppm

Pool Class: A-Competition B-General Recreational C-Lodging Related D-Special Purpose E-Therapy/≥90

Critical violations denote imminent health hazards commonly reported as contributing factors in waterborne illness and injury investigations. The pool must be closed until imminent health hazards are corrected.

Area	Descriptions	Item	IN	OUT	COS	R	
	Barrier: pool enclosed/fencing in compliance	1	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Self-closing / self-latching gates	2	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Year Round <input type="radio"/>
	Compliant drain covers secure, present and no cracks	3	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seasonal <input type="radio"/>
	Water clarity: main drains clearly visible	4	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Emergency phone operational and accessible	5	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Proper disinfectant level	6	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction <input type="radio"/>
	pH between 7.2 and 7.8	7	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permit / Opening <input type="radio"/>
	Chemical feeder operational and approved	8	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Routine <input type="radio"/>
	Filter: approved, maintained and operating	9	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follow-Up <input type="radio"/>
	Pump: approved, maintained and operating	10	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Informal <input type="radio"/>
	Appropriate lifesaving equipment present	11	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complaint <input type="radio"/>

		Points	OUT	N/A				
POOL/SPA AREA & WATER SAFETY	Grab/hand rails, ladders installed and secure	12	2	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Float line in position	13	4	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool <input type="radio"/>
	Vacuum line protected	14	5	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spa <input type="radio"/>
	Depth and no diving markers, step marking; installed and contrasting	15	4	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Purpose Pool <input type="radio"/>
	Pool deck: maintained, unobstructed and clean	16	2	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Purpose Type:
	Skimmers/gutters maintained and operable	17	4	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Combined chlorine level 0.4 ppm or less	18	5	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free Chlorine ppm
	Adequate turnover rate	19	5	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bromine ppm
	Return inlets maintained	20	4	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	pH
	Cyanuric acid level not exceeding maximum	21	4	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Alkalinity ppm
	Signs: peak occupancy/pool/spa/signs legible and in clearview	22	2	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Calcium Hardness ppm
EQUIPMENT / PUMP ROOM	Automated controller operational; pumps interlocked	23	5	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cyanuric Acid ppm
	Piping identified and marked	24	1	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Combined Chlorine ppm
	Pump strainer: basket cleanable	25	2	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Temperature °F
	Gauge(s) in proper location; sight glass installed	26	4	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flow Meter gpm
	Supplemental disinfection <input type="checkbox"/> UV system, <input type="checkbox"/> Ozone system	27	4	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Flow meter: appropriate range and location	28	5	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HYGIENE FACILITIES	Toilets & lavatories: clean, maintained, and stocked	29	1	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vacuum Gauge
	Deck/rinse shower maintained	30	1	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Gauge psi
	Dressing showers: clean, maintained, hot and cold water available	31	1	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RECORDS	Operator training certification available onsite and approved	32	4	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Voluntary <input type="radio"/>
	Lifeguard training certification available onsite	33	5	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suspension <input type="radio"/>
	Inspection report placed in public view	34	1	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Request Hearing <input type="radio"/>
	Operator facility inspections performed; written documentation	35	4	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	Require Inspection <input type="radio"/>
	Daily recordkeeping: water testing and self inspection performed	36	5	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other violations of the chapter	37	1	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Remarks/Notes: _____

Inspector Name	Name of Person in Charge

Signature _____ Signature to acknowledge receipt of inspection report _____

Violations cited in this report must be corrected within the time frames written on the addendum, or as stated in the Georgia Department of Public Health Rules and Regulations Public Swimming Pools Chapter 511-3-5-.23.