

DELAWARE COUNTY HEALTH DEPARTMENT

100 WEST MAIN STREET, ROOM 207
MUNCIE, INDIANA 47305
OFFICE (765)747-7721
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SWIMMING POOL - INSPECTION REPORT

NAME: Lees Inn

TYPE OF POOL: Public

LOCATION / ADDRESS OF POOL Muncie, IN 47304

SANITARIAN: Christiana Mann

DATE: 3/10/2010

An inspection of your swimming pool has been made this day and you are directed to correct conditions marked with an (x).

A. Pool Structure:

1. Floors, Walls, Runways ()
2. Scum gutters, Skimmers ()
3. Ladders, Stairs, Stepholes ()
4. Diving boards, Float, Depth ()
5. Inlets, Outlets, Circulation *SM, structural* ()
6. Piping ()
7. Fencing ()
8. Other _____ ()

B. Supplemental Facilities:

1. Food Service *N/A* ()
2. Emergency Equipment ()
3. Other _____ ()

C. Recirculation, Disinfection System

1. Filtration, Disinfection ()
2. Other _____ ()

D. Buildings, Galleries, Enclosures

1. Walls, Floors, Ceilings, Part ()
2. Lights, Heating, Ventilation ()
3. Plumbing, Drainage ()
4. Surroundings ()
5. Appurtenances ()
6. Other _____ ()

E. Water:

1. Disinfect Level _____ ppm *2* ()
2. Freedom From Turbidity, Debris, Growths *1* ()
3. pH *7.4* *OK* ()
4. Other _____ ()

F. Showers, Toilets, Dressing Rooms

1. Clean, Adequate, Access ()
2. Ventilation ()
3. Hot, Cold water ()
4. Soap, Towels ()
5. Disinfection ()
6. Lavatories ()
7. Clothing Storage ()
8. Refuse Containers ()
9. Other _____ ()

G. Records

1. Number of Bathers *varies* ()
2. Temp-water *84°F* ()
3. Operational Data *84°F* ()
4. Other _____ ()

H. Bather Control

1. Cleansing Shower ()
2. Communicable Disease ()
4. Placards Displayed ()
5. Common Comb, Towel ()
6. Rented Suits and Towels *N/A* Properly Handled and Clean ()
7. Other _____ ()

I. Hot Tub / Spa

1. Disinfect Level _____ ppm *4* ()
2. pH _____ *8* ()
3. Other _____ *8.4* ()
4. Other _____ *7.4* ()
5. Other _____ *OK* ()
6. Other _____ *OK* ()

Remarks: *G3 pool records are NOT all together, incomplete, and should be assessed.*

Signature (Operator / Manager)

Judy Miller