

# 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:** Silvertree Apartments

**TYPE OF POOL:** Seasonal

**LOCATION / ADDRESS OF POOL** Silvertree Ln. Muncie, IN 47304

**SANITARIAN:** Christiana Mann

**DATE:** 7-16-2010

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, Steps ( )
- 4. Diving boards, Float, Depth ( )
- 5. Inlets, Outlets, Circulation ( )
- 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 CHEMICAL STORAGE ( )

**E. Water:**

- 1. Disinfect Level ppm ( )
- 2. Freedom From Turbidity, Debris, Growths *OK* ( )
- 3. pH ( )
- 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 ( )
- 2. Temp-water 84 (F) ( )
- 3. Operational Data ( )
- 4. Other VARIOUS ( )

**H. Bather Control**

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

**I. Hot Tub / Spa**

- 1. Disinfect Level ppm ( )
- 2. pH \_\_\_\_\_ ( )
- 3. Other \_\_\_\_\_ ( )
- 4. Other \_\_\_\_\_ ( )
- 5. Other \_\_\_\_\_ ( )
- 6. Other \_\_\_\_\_ ( )

**Remarks:**

D.O. THE CHEMICAL STORAGE AREA WAS NOT SECURE.

**Signature (Operator / Manager)**

*Eric Datt*