



# DELAWARE COUNTY HEALTH DEPARTMENT

100 WEST MAIN STREET, ROOM 207  
MUNCIE, INDIANA 47305  
OFFICE (765)747-7721  
FAX (765)747-7747

## SWIMMING POOL - INSPECTION REPORT

**NAME:** Applewood **TYPE OF POOL:** Semi Public

**LOCATION / ADDRESS OF POOL** N. Tillotson Ave. Muncie, IN 47304

**SANITARIAN:** Christiana Mann **DATE:** 8/3/2010

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 ( )
- 6. Piping ( )
- 7. Fencing ( )
- 8. Other \_\_\_\_\_ ( )

**B. Supplemental Facilities:**

- 1. Food Service ( )
- 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. Freedom From Turbidity, Debris, Growths ( )
- 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 \_\_\_\_\_ (F) ( )
- 3. Operational Data ( )
- 4. Other None ( )

**H. Bather Control**

- 1. Cleansing Shower ( )
- 2. Communicable Disease ( )
- 4. Placards Displayed ( )
- 5. Common Comb, Towel ( )
- 6. Rented Suits and Towels 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:** \_\_\_\_\_

*No one available to sign for inspection sheet. No visible issues observed. Records could not be verified.*

**Signature (Operator / Manager)** \_\_\_\_\_