



DELAWARE COUNTY HEALTH DEPARTMENT

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SWIMMING POOL - INSPECTION REPORT

NAME: IRON GATE TYPE OF POOL: SEASONAL
LOCATION / ADDRESS OF POOL: YORK TOWN IN
SANITARIAN: CHRISTIANA MANN DATE: 7-3-2010

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 N/A
- 2. Emergency Equipment (x)
- 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 _____ (x)

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 N/A ()
- 4. Other _____ ()
- 5. Other _____ ()
- 6. Other _____ ()

NOTE: Remarks: Could not access gate. Could not verify records - visual outside pool. B.) BACK BOARD IS NOT accessible w/ OTHER emerg. equip.

Signature (Operator / Manager) _____