



DELAWARE COUNTY HEALTH DEPARTMENT

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MUNCIE, INDIANA 47305
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SWIMMING POOL - INSPECTION REPORT

NAME: Colonial Crest **TYPE OF POOL:** Seasonal

LOCATION / ADDRESS OF POOL Morrison Muncie, IN 47304

SANITARIAN: Christiana Mann **DATE:** 8/3/2000

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, Step-holes ()
- 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 _____ ()

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 _____ (F) ()
- 3. Operational Data ()
- 4. Other *Could not access records* ()

H. Bather Control

- 1. Cleansing Shower *at time of inspection* ()
- 2. Communicable Disease ()
- 4. Placards Displayed ()
- 5. Common Comb, Towel *N/A* ()
- 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: _____

Signature (Operator / Manager) *On file, no one available to sign @ time of inspection*