



# 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: Colonial Crest

TYPE OF POOL: Semi Public

LOCATION / ADDRESS OF POOL Muncie, IN 47304

SANITARIAN: Christiana Mann

DATE: 9-8-2010

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 \_\_\_\_\_ ( )

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: Closed for season

Signature (Operator / Manager) Ch Mann