

Model Aquatic Health Code Aquatic Facility Inspection Report

Name of Aquatic Facility _____ Address _____ City _____ State _____ Zip Code _____

Venue Type: Pool Hot tub/Spa Wading Pool Interactive water play venue Flootation Tank Other _____
 Risk Type*: 1 2 3

Time: _____
 In _____
 Out _____

	Item	Descriptions (Bold = critical violations)	Points	In	Out	N/A	N/O
Pool/Spa Area	1	Enclosure: fencing, walls, gates and doors in good repair	10				
	2	Self-closing/Self-latching gates or doors operational	10				
	3	Protected overhead electrical wires/GFCI electrical receptacles	10				
	4	Grab rails, ladders secured; shell, deck in good repair	5				
	5	Float/safety line clearly present	5				
	6	"Depth" & "no diving" markers; stair stripes; in good repair and visible	10				
	7	Skimmers: Weirs and baskets installed; clean and operating; covers in good repair	5				
	8	Recirculation inlets functional	5				
	9	Main drain grate secured in place & in good repair	10				
	10	Water is clear, main drain visible	10				
	11	Starting blocks removed, covered, or access blocked	5				
	12	Pool deck free from obstructions; emergency exit marked	5				
	13	Emergency phone or other communication device available and well-marked	5				
	14	First Aid Kit available	5				
	15	Appropriate safety equipment present & in good repair	10				
	16	Adequate supervision of the aquatic facility	10				
	17	Signs: Bathing load/rules/chemicals/spa legible and in good repair	5				
	18	Water temperature ≤ 104°F (40°C)	10				
Water Chemicals	19	Approved NSF/ANSI Standard 50 DPD test kit	5				
	20	Proper disinfectant level	10				
	21	pH between 7.2 and 7.8	10				
	22	Combined chlorine < 0.4 ppm	5				
	23	Cyanuric acid ≤ 90 ppm	5				
Equipment/Chemical Room	24	Automated feeder operable	10				
	25	Automated controller operable	5				
	26	Piping and valves identified and marked	5				
	27	Flow meter present and operating	5				
	28	Recirculation pump: approved, good repair, operating	10				
	29	Filter: approved, good repair, operating	10				
	30	Pump strainer: baskets in good condition, not clogged	5				
	31	Filter gauges operable: filter inlet and outlet, strainer; sight glass	5				
	32	Proper functioning UV system; ozone system	5				
	33	Chemicals: labeled, stored safely, secured	5				
	34	Appropriate Personal Protective Equipment (PPE) available	5				
Hygiene Facilities	35	Diaper-changing station present; sink, adjacent trash can, sanitizer	5				
	36	Used equipment separated from cleaned equipment	5				
	37	Toilets: clean, good repair, bathroom appropriately stocked	5				
	38	Rinse showers: good repair, accessible	5				
	39	Cleansing showers: Warm, non-scalding water available; good repair; soap	5				
Records Room	40	Operator training certification available onsite	5				
	41	Lifeguard training certification available onsite	5				
	42	Inspection report conspicuously posted at each entrance	5				
	43	Operator inspection daily items: checklist used daily	5				
	44	Operator inspection items: evidence of appropriate steps promptly taken	5				
	45	Chemical records: filled out daily	5				
	46	Chemical records: evidence of appropriate steps promptly taken	5				
	47	Emergency Action Plan available on site	5				
General	48	Flootation Tank: Ozone or UV system in proper working order	10				
	49	Flootation Tank: Ozone or UV system meets volumetric turnover requirements	10				
	50	Flootation Tank: Interior surfaces cleaned to prevent build-up of slime and biofilm layers	5				
	51	Substantial unauthorized alterations/equipment replacement	10				
	52	Other: Imminent Health Hazards are a 10-point critical violation	5 or 10				
	Points: add points for all scored categories; for in (blue) and out of (red) compliance	TOTAL					

SCORE: _____ %
 Letter Grade: _____
 Previous Score: _____ %

Purpose of Visit (Check one)
 Routine
 Complaint
 Follow-Up
 Illness
 Incident
 Other

Water Quality Readings

Free chlorine	_____ ppm
Free bromine	_____ ppm
pH	_____
Total alkalinity	_____ ppm
Calcium hardness	_____ ppm
Cyanuric acid	_____ ppm
Water Temp	_____ °F

Grading System:
 A= 95-100%
 B= 85-94%
 C= 75-84%
 F= 74% or less or critical item

Inspection Results

OUT= Out of compliance R= Repeat COS= Corrected On Site During Inspection

Inspection Results	Item #	COS/Correct by date	Description of Violation	Corrective Actions
<input type="checkbox"/> OUT <input type="checkbox"/> R <input type="checkbox"/> COS				
<input type="checkbox"/> OUT <input type="checkbox"/> R <input type="checkbox"/> COS				
<input type="checkbox"/> OUT <input type="checkbox"/> R <input type="checkbox"/> COS				
<input type="checkbox"/> OUT <input type="checkbox"/> R <input type="checkbox"/> COS				
<input type="checkbox"/> OUT <input type="checkbox"/> R <input type="checkbox"/> COS				

Operator Name: _____

Operator Signature: _____

Inspector Name: _____

Inspector Signature: _____

Inspector's comments: _____

*** See MAHC Aquatic Facility Inspection Report Cheat Sheet for explanation or definition of inspection items.**

