

Model Aquatic Health Code Aquatic Facility Inspection Report

Time: In ____ / Out ____

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

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

SCORE:
_____ %

Letter Grade:

Previous Score:
_____ %

Item	Descriptions (Bold= critical violations)	Points	In	Out	N/A	N/O
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	5				
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	Spa temperature ≤ 104°F (40°C)	10				
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 ≤ 100 ppm	5				
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	10				
34	Appropriate Personal Protective Equipment (PPE) available	5				
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				
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				
48	Substantial unauthorized alterations/equipment replacement	10				
49	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				

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

	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.**



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention