



Public Bathing Facility Inspection Report

Water Division



<http://des.nh.gov/organization/divisions/water/wmb/pools/index.htm>

FILE #:	Inspector:	Date / Time:		
Facility:		<input type="checkbox"/> Indoor	<input type="checkbox"/> Routine	
Address:		<input type="checkbox"/> Outdoor	<input type="checkbox"/> Complaint	
Town:		<input type="checkbox"/> Seasonal	<input type="checkbox"/> Re-Test	
Operator:	CPO? <input type="checkbox"/> Y <input type="checkbox"/> N	Volume (gal):	<input type="checkbox"/> Year Round	<input type="checkbox"/> Pre-Opening

MECHANICAL

Circulation <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Type</th> <th style="width: 20%;">#</th> </tr> </thead> <tbody> <tr><td>Skimmers</td><td></td></tr> <tr><td>Gutters</td><td></td></tr> <tr><td>Return(s)</td><td></td></tr> <tr><td>Suction</td><td></td></tr> </tbody> </table> <input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> Gravity Surge Tank: <input type="checkbox"/> Y <input type="checkbox"/> N	Type	#	Skimmers		Gutters		Return(s)		Suction		Pumps: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Type</th> <th style="width: 20%;">#</th> </tr> </thead> <tbody> <tr><td>Filter</td><td></td></tr> <tr><td>Jet</td><td></td></tr> <tr><td>Feature</td><td></td></tr> </tbody> </table> Pump Gauges: <input type="checkbox"/> Y <input type="checkbox"/> N Readings: PSI: _____ Hg: _____ TDH: _____	Type	#	Filter		Jet		Feature		Disinfectant <input type="checkbox"/> Chlorine <input type="checkbox"/> Bromine Shock Product: _____ Chemical Feeder: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Erosion <input type="checkbox"/> Pos. Disp. <input type="checkbox"/> Salt ECG <input type="checkbox"/> UV / Ozone Interlocked: <input type="checkbox"/> Y <input type="checkbox"/> N
Type	#																			
Skimmers																				
Gutters																				
Return(s)																				
Suction																				
Type	#																			
Filter																				
Jet																				
Feature																				
Flow Meter/Turnover Meter(s) <input type="checkbox"/> Y <input type="checkbox"/> N Observed GPM: _____ Turnover: _____ Minutes / Hours Volume ÷ GPM = minutes ÷ 60 = hours Acceptable: <input type="checkbox"/> Y <input type="checkbox"/> N	Filters <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type</th> <th style="width: 10%;">#</th> <th style="width: 30%;">Size (sq.ft.)</th> <th style="width: 30%;">PSI</th> </tr> </thead> <tbody> <tr><td>Sand</td><td></td><td></td><td></td></tr> <tr><td>Cartridge</td><td></td><td></td><td></td></tr> <tr><td>DE</td><td></td><td></td><td></td></tr> </tbody> </table> Mfr/Model: _____	Type	#	Size (sq.ft.)	PSI	Sand				Cartridge				DE				Chemical Controller <input type="checkbox"/> Y <input type="checkbox"/> N ORP: _____ pH: _____ PPM Chlorine: _____		
Type	#	Size (sq.ft.)	PSI																	
Sand																				
Cartridge																				
DE																				
VGB Outlet Covers Main Drain: <input type="checkbox"/> Y <input type="checkbox"/> N Unblockable? <input type="checkbox"/> Y <input type="checkbox"/> N Equalizer: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	SVRS Device <input type="checkbox"/> Y <input type="checkbox"/> N Functioning? <input type="checkbox"/> Y <input type="checkbox"/> N Mfr: _____	Backflow Prevention <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Hose Bib <input type="checkbox"/> Air Gap <input type="checkbox"/> Backflow Preventer																		
		Piping Labels <input type="checkbox"/> Y <input type="checkbox"/> N Flow Arrows <input type="checkbox"/> Y <input type="checkbox"/> N Color Coded <input type="checkbox"/> Y <input type="checkbox"/> N																		

GENERAL SAFETY

DPD Test Kit: <input type="checkbox"/> Y <input type="checkbox"/> N	Fresh Reagents: <input type="checkbox"/> Y <input type="checkbox"/> N	Safety Rules: <input type="checkbox"/> Y <input type="checkbox"/> N	Fencing (min 4 feet): <input type="checkbox"/> Y <input type="checkbox"/> N
Trash Receptacle: <input type="checkbox"/> Y <input type="checkbox"/> N	Ladders: <input type="checkbox"/> Y <input type="checkbox"/> N	Lifeguard / Sign: <input type="checkbox"/> Y <input type="checkbox"/> N	Gates:
Showers: <input type="checkbox"/> Y <input type="checkbox"/> N	Breakpoint line: <input type="checkbox"/> Y <input type="checkbox"/> N	Phone / Sign: <input type="checkbox"/> Y <input type="checkbox"/> N	Opens Out: <input type="checkbox"/> Y <input type="checkbox"/> N
Toilets: <input type="checkbox"/> Y <input type="checkbox"/> N	Rescue Flotation: <input type="checkbox"/> Y <input type="checkbox"/> N	No Diving Sign: <input type="checkbox"/> Y <input type="checkbox"/> N	Self-Close: <input type="checkbox"/> Y <input type="checkbox"/> N
Approved Discharge: <input type="checkbox"/> Y <input type="checkbox"/> N	Pole w/Body Hook: <input type="checkbox"/> Y <input type="checkbox"/> N	Spas:	Self-Latch: <input type="checkbox"/> Y <input type="checkbox"/> N
Depth Markers: Deck <input type="checkbox"/> Y <input type="checkbox"/> N	First Aid Kit: <input type="checkbox"/> Y <input type="checkbox"/> N	Timer: <input type="checkbox"/> Y <input type="checkbox"/> N	Latch Pool Side: <input type="checkbox"/> Y <input type="checkbox"/> N
Vertical: <input type="checkbox"/> Y <input type="checkbox"/> N	Slides: <input type="checkbox"/> Y <input type="checkbox"/> N	Clock: <input type="checkbox"/> Y <input type="checkbox"/> N	Latch Accessible: <input type="checkbox"/> Y <input type="checkbox"/> N
Seat/Step Markers: <input type="checkbox"/> Y <input type="checkbox"/> N	Foul Odor: <input type="checkbox"/> Y <input type="checkbox"/> N	Emergency Stop: <input type="checkbox"/> Y <input type="checkbox"/> N	Gate Lockable: <input type="checkbox"/> Y <input type="checkbox"/> N

WATER QUALITY AND TESTING

Water Clarity: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Bottom Not Visible <input type="checkbox"/> Floating Material <input type="checkbox"/> Foamy <input type="checkbox"/> Algae <input type="checkbox"/> Y <input type="checkbox"/> N
Daily Logs: <input type="checkbox"/> Y <input type="checkbox"/> N Complete <input type="checkbox"/> Y <input type="checkbox"/> N Testing Frequency: _____ X per day
Sample Location →
Temperature (°F)
Free Chlorine / Bromine
Total Chlorine
Combined Chlorine
pH
Cyanuric Acid
Total Dis. Solids
Turbidity
Bacteria sample <input type="checkbox"/> Y <input type="checkbox"/> N

Comments: _____

*Action(s) Needed: Immediate Closure Correct Deficiencies None at this time

Inspector: _____ Facility Rep: _____ Copy Y N