



DELAWARE COUNTY HEALTH DEPARTMENT

100 WEST MAIN STREET, ROOM 207
MUNCIE, INDIANA 47305
OFFICE (765)747-7721
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SWIMMING POOL - INSPECTION REPORT

NAME: YMCA TYPE OF POOL: Public
LOCATION / ADDRESS OF POOL: Muncie, IN 47305
SANITARIAN: Christiana Mann DATE: 3/10/2010

An inspection of your swimming pool has been made this day and you are directed to correct conditions marked with an (x).

<p>A. Pool Structure:</p> <ol style="list-style-type: none">Floors, Walls, Runways ()Scum gutters, Skimmers ()Ladders, Stairs, Steps ()Diving boards, Float, Depth ()Inlets, Outlets, Circulation ()Piping ()Fencing ()Other () <p>B. Supplemental Facilities:</p> <ol style="list-style-type: none">Food Service ()Emergency Equipment ()Other () <p>C. Recirculation, Disinfection System</p> <ol style="list-style-type: none">Filtration, Disinfection ()Other () <p>D. Buildings, Galleries, Enclosures</p> <ol style="list-style-type: none">Walls, Floors, Ceilings, Part ()Lights, Heating, Ventilation ()Plumbing, Drainage ()Surroundings ()Appurtenances ()Other () <p>E. Water:</p> <ol style="list-style-type: none">Disinfect Level <u>ppm</u> ()Freedom From Turbidity, Debris, Growths ()pH ()Other ()	<p>F. Showers, Toilets, Dressing Rooms</p> <ol style="list-style-type: none">Clean, Adequate, Access ()Ventilation ()Hot, Cold water ()Soap, Towels ()Disinfection ()Lavatories ()Clothing Storage ()Refuse Containers ()Other () <p>G. Records</p> <ol style="list-style-type: none">Number of Bathers ()Temp-water <u>73 (F)</u> ()Operational Data ()Other () <p>Bather Control</p> <ol style="list-style-type: none">Cleansing Shower ()Communicable Disease ()Placards Displayed ()Common Comb, Towel ()Rented Suits and Towels Properly Handled and Clean ()Other () <p>H. Hot Tub / Spa</p> <ol style="list-style-type: none">Disinfect Level <u>ppm</u> ()pH ()Other ()Other ()Other ()Other ()
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Remarks: (F) Disinfect. level low (H) pH low (NOTE: FILTERS ARE BEING CHANGED MORE FREQUENTLY - CHLORINE INCREASED, FILTRATION / CIRCULATION INCREASED PER AQUATICS DIRECTOR. (H) Placards - showering prior to entering pool missing)
Signature (Operator / Manager) Raune Gill

DAVID
CPO. HERSH BENDER

* WATER SAMPLE SUGGESTED