



# 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: BMH

TYPE OF POOL: Annual

LOCATION / ADDRESS OF POOL

Bethel Muncie, IN 47304

SANITARIAN:

Christiana Mann

DATE:

10/12/10

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, Step-holes ( )
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:

No Violations

Signature (Operator / Manager)

Fran Wehlage, CTR