



DELAWARE COUNTY HEALTH DEPARTMENT

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MUNCIE, INDIANA 47305
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SWIMMING POOL - INSPECTION REPORT

NAME: Delaware Country Club TYPE OF POOL: Seasonal
LOCATION / ADDRESS OF POOL: Country Club Rd. Muncie, IN 47302
SANITARIAN: Christiana Mann DATE: 05-28-2010

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">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 _____ () <p>B. Supplemental Facilities:</p> <ol style="list-style-type: none">1. Food Service <i>N/A</i> ()2. Emergency Equipment ()3. Other _____ () <p>C. Recirculation, Disinfection System</p> <ol style="list-style-type: none">1. Filtration, Disinfection ()2. Other <u>3 out of 4</u> () <p>D. Buildings, Galleries, Enclosures <i>CHANGING SAND</i></p> <ol style="list-style-type: none">1. Walls, Floors, Ceilings, Part ()2. Lights, Heating, Ventilation ()3. Plumbing, Drainage ()4. Surroundings ()5. Appurtenances ()6. Other _____ () <p>E. Water:</p> <ol style="list-style-type: none">1. Disinfect Level <u>ppm</u> ()2. Freedom From Turbidity, Debris, Growths <i>OK</i> ()3. pH <u>OK</u> ()4. Other <u>2 AMPH</u> ()	<p>F. Showers, Toilets, Dressing Rooms</p> <ol style="list-style-type: none">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 _____ () <p>G. Records</p> <ol style="list-style-type: none">1. Number of Bathers ()2. Temp-water <u>(F)</u> ()3. Operational Data ()4. Other <u>OPENING</u> () <p>H. Bather Control</p> <ol style="list-style-type: none">1. Cleansing Shower ()2. Communicable Disease ()4. Placards Displayed ()5. Common Comb. Towel <i>USEAGE</i> ()6. Rented Suits and Towels <i>FOR PATRONS</i> ()7. Other <u>PROPERLY HANDLED AND CLEAN</u> () <p>I. Hot Tub / Spa</p> <ol style="list-style-type: none">1. Disinfect Level <u>ppm</u> ()2. pH _____ ()3. Other _____ ()4. Other _____ ()5. Other _____ ()6. Other _____ ()
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Remarks:

OK to open & operate

Signature (Operator / Manager)

for a well