



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: Forest Oaks

TYPE OF POOL: Seasonal

LOCATION / ADDRESS OF POOL

Muncie, IN 47304

SANITARIAN: Christiana Mann

DATE: 7-16-2010

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 BEVERAGES ()

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 VALUES FOR ()

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: B. 2. NO THROW LINE

0.6 GLASS BEVERAGES ON DECK

Signature (Operator / Manager)

Eden Sawh