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: Cardinal Point II   **TYPE OF POOL:** Semi Public

LOCATION / ADDRESS OF POOL   Oakwood Ave. Muncie, IN 47304

SANITARIAN: Christiana Mann   **DATE:** 9-8-2010

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, Stepholes ( )
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: _Closed for season_

Signature (Operator / Manager) _an fell_