

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: Comfort Inn

TYPE OF POOL: Public

LOCATION / ADDRESS OF POOL

Muncie, IN 47304

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).

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 () *N/A*
- 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 _____ () *High*
- 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 _____ () *values*
- 2. Temp-water _____ () *82/80*
- 3. Operational Data _____ () *OK*
- 4. Other _____ ()

H. **Bather Control**

- 1. Cleansing Shower ()
- 2. Communicable Disease ()
- 4. Placards Displayed () *N/A*
- 5. Common Comb, Towel () *N/A*
- 6. Rented Suits and Towels Properly Handled and Clean () *N/A*
- 7. Other _____ ()

I. **Hot Tub / Spa**

- 1. Disinfect Level _____ ppm ()
- 2. pH _____ ()
- 3. Other _____ ()
- 4. Other _____ ()
- 5. Other _____ ()
- 6. Other _____ ()

Remarks: *E. 3 pH High - water sampled weekly plan of action in place to monitor the pH level.*

Signature (Operator / Manager) *VDA*