



DELAWARE COUNTY HEALTH DEPARTMENT

100 WEST MAIN STREET, ROOM 207

MUNCIE, INDIANA 47305

OFFICE (765)747-7721

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SWIMMING POOL - INSPECTION REPORT

NAME: Nassua Swim Club

TYPE OF POOL: Seasonal

LOCATION / ADDRESS OF POOL Yorktown, IN 47396

SANITARIAN: Christiana Mann

DATE: 8/24/2010

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 ()

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 N/A
6. Rented Suits and Towels N/A
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:

Could not inspect
9:58 AM on 8/24/2010 pool closed.
Will check back before season ends.

Signature (Operator / Manager)

on file, no one to sign