HERAN ARE COLUMN

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:	Country Village	TYPE OF POOL: Seasonal
	ON / ADDRESS OF POOL Munci	e, IN 47304
SANITAR	RIAN: Christiana Mann	DATE: 7-21-10
Ar	n inspection of your swimming pool has	been made this day and you are directed to correct conditions marked with an (x).
A.	2. Scum gutters, Skimmers (2) 3. Ladders, Stairs, Stepholes (2) 4. Diving boards, Float, Depth (2) 5. Inlets, Outlets, Circulation (2) 6. Piping (2) 7. Fencing (2) 9. Other (2)	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
В.	3. Other	$\begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} $
C.	Recirculation, Disinfection System 1. Filtration, Disinfection 2. Other	() H. <u>Data Shower</u> (1) 1. Cleansing Shower (1) 2. Communicable Disease (1)
D. E	 Walls, Floors, Cennige, 1. Lights, Heating, Ventilation Plumbing, Drainage Surroundings Appurtenances Other	(L) 5. Common Comb, Tower () (L) 6. Rented Suits and Towels () (L) Properly Handled and Clean () (L) 7. Other
	4. Other marks: <u>SAFETY RING</u>	() NEED LIOS FOR TRASHCAMS Auran Album Kepler Trafe
S	ignature (Operator / Manager) 292-8887	ERICA