



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: UNIVERSITY ESTATES TYPE OF POOL: SEASONAL
LOCATION / ADDRESS OF POOL: 4500 W. BETHEL MUNCIE IN
SANITARIAN: CHRISTIANA MANN DATE: 5/20/2010

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 5 ppm ()
2. Freedom From Turbidity, Debris, Growths 5 ()
3. pH 7.4 ()
4. Other 7.4 ()

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 1000
2. Temp-water 60/65 80/102
3. Operational Data 100 100
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 5 ppm ()
2. pH 5 ()
3. Other 7.4 ()
4. Other 100 ()
5. Other ()
6. Other ()

Remarks: OK TO OPEN FOR SEASON.

Signature (Operator / Manager)

[Signature]