



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 1 TYPE OF POOL: Semi Public/ seasonal

LOCATION / ADDRESS OF POOL Riverside Muncie, IN 47303

SANITARIAN: Christiana Mann DATE: 6/10/2010

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, Step-holes ()
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 1 & 7.5 ()
3. pH 7.5 ()
4. Other OK ()

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 N/A
8. Refuse Containers ()
9. Other _____ ()

G. **Records**

1. Number of Bathers ()
2. Temp-water (F) ()
3. Operational Data ()
4. Other PRE OPERATIONAL & N/A

H. **Bather Control**

1. Cleansing Shower ()
2. Communicable Disease ✓
4. Placards Displayed ✓
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: B2. NO BACKBOARD ; H4. SIGNAGE IS NOT COMPLETE.
OK to operate & open.

Signature (Operator / Manager) Sandra Lewis