



# 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: Applewood

TYPE OF POOL: Seasonal

LOCATION / ADDRESS OF POOL N. Tillotson Muncie, IN 47304

SANITARIAN: Christiana Mann

DATE: 9-8-2010

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 ( )
6. Rented Suits and Towels 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:

Closed for the season

Signature (Operator / Manager)

on file