

**DOEHRS-IH EHM: RECREATIONAL WATER
NATURAL BATHING AREAS SANITATION REPORT**

See TB MED 575

1. FACILITY NAME (Bathing area name):		2. FACILITY ADDRESS:		3. INSTALLATION:		4. START DATE: (YYYYMMDD)		TIME: HH:MM	
						5. END DATE: (YYYYMMDD)		TIME: HH:MM	
6. INSPECTOR (Surveyor)	a. Name and Rank:			b. Phone:	c. Email:			d. Unit/Organization:	
7. PERSON IN CHARGE (PIC)	a. Full Name:			b. Phone:	c. Official Email:				
8. CONTRACTOR OPERATED:		Yes		No	9. Water Type:		Fresh		Marine
10. INSPECTION TYPE: (select one)		Routine		Follow-Up		Complaint		Pre-Opening	Other (specify):
Item	Water Feature Information: Natural Bathing Areas Water Feature						Yes	No	N/A
1	Are there adequate covered trash receptacles?								
2	Are there adequate number of water closets, lavatories, urinals, showers, and drinking fountains?								
Item	Water Feature Information: Natural Bathing Area Water Quality						Yes	No	N/A
3	Is the temperature satisfactory? Temperature: ____ °F								
4	If required by regulation, has a water sample been collected for bacteriological analysis (after analysis, attach copy of results)?								
5	Is the surface water free of scum/debris?								
Item	Water Feature Information: Natural Bathing Areas Operation						Yes	No	N/A
6	Is a copy of the rules and warnings prominently displayed?								
7	Are an appropriate number of qualified lifeguards/employees with documented first-aid training and CPR certifications on duty?								
Item	Water Feature Information: Natural Bathing Areas Safety						Yes	No	N/A
8	Is there adequate number of lifeguards?								
9	Are buoys or warning signs provided as necessary to designate the swimming perimeter?								
10	Lifeguards have an unobstructed view of the entire designated swimming perimeter?								
11	Are safety guidelines prominently displayed and being followed and enforced by lifeguards?								
12	Are the lifeguards equipped appropriately?								
13	Is there lifesaving equipment (e.g. shephard's hook, buoy ring (U.S. Coast Guard Approved and proper length), rescue tubes, back boards)?								
14	Is there an OSHA approved first aid kit available?								
15	Is an AED (Automated External Defibrillator) available and operable?								
16	Is there a working telephone with emergency numbers?								
17	Is there a safety line (line separating the shallow and deep ends)?								
18	Is there adequate fencing?								
19	Is the facility free of other hazards?								
20	If diving is prohibited, are signs properly displayed?								
Item	Water Feature Information: Natural Bathing Areas Construction						Yes	No	N/A
21	Are ladders/steps with nonslip top surfaces provided at the shallow end and on each side of the deep end of the pool and in good repair?								
22	Are diving boards, slides, and other pool recreation equipment constructed of approved materials and appropriately placed to avoid injury?								
23	Are variations in pool depth marked on the pool deck or adjacent wall/fence in sufficient increments?								
Item	Water Feature Information: Natural Bathing Areas						Yes	No	N/A
24	No potential source of pollution such as agricultural drainage or waste water discharges?								
25	No bacteriological and/or chemical contamination discharging into bathing areas?								
26	The volume, quality, and temperature of the receiving water is suitable?								
27	Is the water depth and bottom slope safe?								
28	Is it free of safety hazards due to currents or tides?								
29	Is it free of dangerous wildlife, submerged objects, drop-offs, or other physical endangerments?								
30	Is the general cleanliness satisfactory?								
31	Are sanitary facilities adequate based on bather load?								
32	Has a water sample been collected for bacteriological analysis (after analysis, attach a copy of the results)?								

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Facility

Date

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11. OVERALL REMARKS (describe individual Item deficiencies here)

**Water Sample Type:	Beach Action Values	Analysis Type:	Enterococci	Other (specify):	**Note: Attach a copy of the sample results to this inspection document and upload the results to the inspection report in DOEHRS.
	Other (specify):		E.coli		

12. INSPECTION RATING:	Satisfactory	Unsatisfactory	13. FOLLOW-UP REQUIRED:	Yes	No	14. FOLLOW UP DATE NLT: (YYYYMMDD)
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15. SIGNATURE: Signature on this form represents acknowledgment that the person in charge has been briefed on the deficiencies noted, corrective actions and timeframe to complete, the final inspection rating, and the date scheduled for follow-up inspection (unsatisfactory inspections only).

a. Inspector Signature	b. DATE: (YYYYMMDD):
c. Person in Charge Signature	d. DATE: (YYYYMMDD):