DOEHRS-IH EHM: RECREATIONAL WATER -- RECREATIONAL PARKS SANITATION REPORT

See TB MED 575

Page 1 of _____

1. FACILITY 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 Features: Splash/Spray Pad ☐ Leisure/Action River ☐ Slides ☐ *Catch/Swimming pool ☐ *Activity/Wave/Vortex pool ☐ *Wading pool ☐ *Spa/Hot tub ☐

NOTE: Use the Swimming Pool, Spa/Hot Tub, & Wading Pool survey forms, as applicable, for specified water features. Enter data as a single report in the DOEHRS-EH Module.

10. INSPECTION TYPE: (select one) Routine ☐ Follow-Up ☐ Complaint ☐ Pre-Opening ☐ Other (specify): _____

11. IS WATER HEATED? Yes ☐ No ☐

12. DISINFECTANT TYPE: Chlorine ☐ Bromine ☐ Other (specify): _____

13. Pool Volume: _____ gallons

Item	Water Feature Information: Recreational Park Water Features	Yes	No	N/A
1	Pool, deck, and surrounding areas maintained and in good repair?			
2	Are spectators / tables / chairs - 10 feet from the edge of the pool			
3	Are there adequate covered trash receptacles?			
4	Are there adequate number of water closets, lavatories, urinals, showers, and drinking fountains?			
5	Is the filter / pump room clean and properly maintained?			

Item	Water Feature Information: Recreational Park Water Quality	Yes	No	N/A
6	Is a chemical test kit available?			
7	Is the total **Bromine** disinfectant level satisfactory? _____ ppm			
8	Is the free available **Chlorine** disinfectant level satisfactory? FAC _____ ppm			
9	Is the pH satisfactory? pH: _____			
10	Is the temperature satisfactory? Temperature: _____ °F			
11	Is the visual clarity satisfactory?			
12	Is the total alkalinity satisfactory? Total alkalinity: _____ ppm			
13	Is the calcium hardness satisfactory? Calcium hardness: _____ ppm			
14	If required by regulation, has a water sample been collected for bacteriological analysis (after analysis, attach copy of results)?			
15	Is the cyanuric acid satisfactory? Cyanuric acid: _____ ppm			
16	Is the surface water free of scum/debris?			
17	Are the bottom and sides clean; vacuumed and scrubbed daily and as needed?			

Item	Water Feature Information: Recreational Park Operation	Yes	No	N/A
18	Is a copy of the rules and warnings prominently displayed?			
19	Is the maximum bather load posted?			
20	Are an appropriate number of qualified lifeguards/employees with documented first-aid training and CPR certifications on duty?			
21	Is an operational log properly completed?			
22	Is a piping diagram of water and sewer lines posted near chemical equipment?			
23	Is a pool specification sheet available?			
24	Are chemical feeders operating properly?			
25	Are hair/lint strainers operating properly?			

Item	Water Feature Information: Recreational Park Safety	Yes	No	N/A
26	Is there adequate number of lifeguards?			
27	Is there lifesaving equipment (e.g. shepherd's hook, buoy ring (U.S. Coast Guard Approved and proper length), rescue tubes, back boards)?			
28	Is there an OSHA approved first aid kit available?			
29	Is an AED (Automated External Defibrillator) available and operable?			
30	Is there a working telephone with emergency numbers?			
31	Is there a safety line (separating the shallow and deep ends)?			
32	Is there adequate fencing?			
33	Is (are) there self-closing gate(s) and are they operating correctly?			
34	Is the facility free of other hazards?			
35	Is it compliant with the Virginia Graeme Baker Pool and Safety Act (anti-entrapment system)?			
36	Are chemicals properly stored?			
37	Are required Material Safety Data Sheets (MSDS) available?			
38	Are chemical warning signs properly displayed?			
39	Is Personal Protective Equipment (PPE) available?			
40	If diving is prohibited, are signs properly displayed?			

Item	Water Feature Information: Recreational Park Construction	Yes	No	N/A
41	Is the pool/spa/hot tub surface (walls and floors) easily cleaned and in good repair?			
42	Is water on pool deck draining away from pool/spa/hot tub?			
43	Is the deck area constructed with a nonslip surface, and easy to maintain?			
44	Is water removed for treatment and recirculation through overflow gutters or skimmers / water inlets and drains?			
45	Is water distribution system protected against backflow?			
46	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?			
47	Are diving boards, slides, and other pool recreation equipment constructed of approved materials and appropriately placed to avoid injury?			
48	Are variations in pool depth marked on the pool deck or adjacent wall/fence in sufficient increments?			
49	If a chlorine gas room is present, is it properly constructed and maintained?			
50	Is the filter room properly secured, ventilated, lighted, and with proper drainage?			
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Upload signed Inspection Report to the Survey in DOEHRS-IH EHM per MEDCOM Policy 14-063 and then mark the Survey COMPLETED; *v.Jan 2015*

Item	Restroom/Bath-House Facilities	Yes	No	N/A	Filter Information			
51	Are the walls, ceilings and floors clean?				Filter Name *(Brand & model)*:			
52	Are the toilets, urinals, showers and hand basins clean?				Filter Media Type:	Cartridge	Diatomaceous Earth	Sand
53	Is there adequate ventilation and lighting?				Influent pressure gauge	PSI	Effluent pressure gauge	PSI
54	Are clothing, swimsuits and towels properly handled?				Filter operating properly?	Yes	No	
55	Is the baby changing station clean?				Filter backwashed as need?	Yes	No	
56	Are soap, toilet paper, paper towels, and trash receptacles available?				Filter Comments:			

Pump Information		
Pump Name *(Brand & model)*:	Rate of flow *(Comment required if value is zero):*	gal/min
Pump operating properly?	Yes	No	**Pump Comments:**
Turnover Rate*:	Times/24-hours	This space left Blank	

*Note: **Turnover Rate** is the number of turnovers that occur in a 24-hour period. A **Turnover** is the <u>length of time</u> needed for the pool to circulate its entire volume one time. TB MED 575 specifies the maximum **Turnover <u>Time</u>** allowed for each aquatic venue.

Turnover Time = 24 hours ÷ Turnover Rate

Turnover Rate = 24 hours ÷ Turnover Time

14. OVERALL REMARKS (describe individual Item deficiencies here)

NOTE: Each of the various types of water features operated within the water park must be assessed for water quality compliance. Use the remarks section to document additional pump and filter data; include turnover time for each water feature. Combine reports for other water venues operated in the park (e.g., swimming pool, wading pool, & spa/hot tub) when filing this report and entering data in DOEHRS.

Water samples taken during this inspection:	Yes	**Sample Type:**	HPC	**Note:** Attach a copy of the sample results to this inspection document and upload the results to the inspection report in DOEHRS.
	No		Coliform (Total or E.coli)	

15. INSPECTION RATING:	Satisfactory	Unsatisfactory	**16. FOLLOW-UP REQUIRED:**	Yes	No	**17. FOLLOW UP DATE NLT:** (YYYYMMDD)	

18. 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):