

**DOEHRS-IH EHM: RECREATIONAL WATER  
WADING POOL SANITATION REPORT**

*See TB MED 575*

<b>1. FACILITY NAME:</b>	<b>2. FACILITY ADDRESS:</b>	<b>3. INSTALLATION:</b>	<b>4. START DATE:</b> (YYYYMMDD)	<b>TIME:</b> HH:MM
			<b>5. END DATE:</b> (YYYYMMDD)	<b>TIME:</b> HH:MM

<b>6. INSPECTOR</b> (Surveyor)	a. Name and Rank:	b. Phone:	c. Email:	d. Unit/Organization:
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<b>7. PERSON IN CHARGE (PIC)</b>	a. Full Name:	b. Phone:	c. Official Email:
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<b>8.CONTRACTOR OPERATED</b> (select one)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>9. Pool Type</b> (select one)	Wading pool	*NOTE: Input the wading pool survey with the corresponding swimming pools survey report when entering data in the DOEHRs-EH Module.
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<b>10. INSPECTION TYPE:</b> (select one)	<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-Up	<input type="checkbox"/> Complaint	<input type="checkbox"/> Pre-Opening	Other (specify):
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<b>11. IS WATER HEATED?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>12. DISINFECTANT TYPE:</b>	<input type="checkbox"/> Chlorine	<input type="checkbox"/> Bromine	<b>13. Pool Volume :</b>	gallons
		Other (specify):				

Item	Water Feature Information: Wading Pool Water Feature	Yes	No	N/A	Item	Water Feature Information: Wading Pool Safety (continued)	Yes	No	N/A
1	Pool, deck, and surrounding areas maintained and in good repair?				25	Are hair/lint strainers operating properly?			
2	Are spectators / tables / chairs - 10 feet from the edge of the pool?				26	Is there adequate number of lifeguards?			
3	Are there adequate covered trash receptacles?				27	Is there lifesaving equipment (e.g. shepherd's hook, buoy ring (U.S. Coast Guard Approved and proper length), rescue tubes, back boards)?			
4	Are there adequate number of water closets, lavatories, urinals, showers, and drinking fountains?				28	Is there an OSHA approved first aid kit available?			
5	Is the filter / pump room clean and properly maintained?				29	Is an AED (Automated External Defibrillator) available and operable?			
Item	Water Feature Information: Wading Pool Water Quality	Yes	No	N/A	30	Is there a working telephone with emergency numbers?			
6	Is a chemical test kit available?				31	Is there adequate fencing?			
7	Is the total <b>Bromine</b> disinfectant level satisfactory?				32	Is (are) there self-closing gate(s) and are they operating correctly?			
	Total disinfectant level: <b>Shallow end:</b> _____ ppm				33	Is the facility free of other hazards?			
8	Is the free available <b>Chlorine</b> disinfectant level satisfactory?				34	Is it compliant with the Virginia Graeme Baker Pool and Safety Act (anti-entrapment system)?			
	Free available chlorine level: <b>Shallow end:</b> _____ ppm				35	Are chemicals properly stored?			
9	Is the pH satisfactory? pH: _____				36	Are required Material Safety Data Sheets (MSDS) available?			
10	Is the temperature satisfactory? Temperature: _____ °F				37	Are chemical warning signs properly displayed?			
11	Is the visual clarity satisfactory?				38	Is Personal Protective Equipment (PPE) available?			
12	Is the total alkalinity satisfactory? Total alkalinity: _____ ppm				39	If diving is prohibited, are signs properly displayed?			
13	Is the calcium hardness satisfactory? Calcium hardness: _____ ppm				Item	Water Feature Information: Wading Pool Construction	Yes	No	N/A
14	If required by regulation, has a water sample been collected for bacteriological analysis (after analysis, attach copy of results)?				40	Is the pool/spa/hot tub surface (walls and floors) easily cleaned and in good repair?			
15	Is the cyanuric acid satisfactory? Cyanuric acid: _____ ppm				41	Is water on pool deck draining away from pool/spa/hot tub?			
16	Is the surface water free of scum/debris?				42	Is the deck area constructed with a nonslip surface, and easy to maintain?			
17	Are the bottom and sides clean; vacuumed and scrubbed daily and as needed?				43	Is water removed for treatment and recirculation through overflow gutters or skimmers / water inlets and drains?			
Item	Water Feature Information: Wading Pool Operation	Yes	No	N/A	44	Is water distribution system protected against backflow?			
18	Is a copy of the rules and warnings prominently displayed?				45	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?			
19	Is the maximum bather load posted?					Are diving boards, slides, and other pool recreation equipment constructed of approved materials and appropriately placed to avoid injury?			
20	Are an appropriate number of qualified lifeguards/employees with documented first-aid training and CPR certifications on duty?				46	Are variations in pool depth marked on the pool deck or adjacent wall/fence in sufficient increments?			
21	Is an operational log properly completed?				47	If a chlorine gas room is present, is it properly constructed and maintained?			
22	Is a piping diagram of water and sewer lines posted near chemical equipment?				48	Is the filter room properly secured, ventilated, lighted, and with proper drainage?			
23	Is a pool specification sheet available?				49				
24	Are chemical feeders operating properly?				<b>This space left Blank</b>				

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Facility

Date

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Item	Restroom/Bath-House Facilities	Yes	No	N/A	Filter Information					
50	Are the walls, ceilings and floors clean?				Filter Name (Brand & model):					
51	Are the toilets, urinals, showers and hand basins clean?				Filter Media Type:	Cartridge		Diatomaceous Earth		Sand
52	Is there adequate ventilation and lighting?				Influent pressure gauge		PSI	Effluent pressure gauge		PSI
53	Are clothing, swimsuits and towels properly handled?				Filter operating properly?		Yes			No
54	Is the baby changing station clean?				Filter backwashed as need?		Yes			No
55	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			
<p><b>*Note: Turnover Rate</b> is the number of turnovers that occur in a 24-hour period. A <b>Turnover</b> is the <u>length of time</u> needed for the pool to circulate its entire volume one time. TB MED 575 specifies the maximum <b>Turnover Time</b> allowed for each aquatic venue.</p> <p style="text-align: center;"><b>Turnover Time</b> = 24 hours ÷ Turnover Rate Turnover Rate = 24 hours ÷ Turnover Time</p>					

### 14. OVERALL REMARKS (describe individual Item deficiencies here)

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

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