

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
PUBLIC SWIMMING AND BATHING FACILITIES
INSPECTION FORM



Kentucky Public Health
Prevent. Promote. Protect.

Estab. No. San. Code
Start Time End Time

County or District Health Department

Regular (1) Survey (4)
Follow-up (2) Monitor/Other (5)
Complaint (3) (Items 24-31)
Seasonal Indoor
Continuous Outdoor

Facility Name: Owner:
Address: Address:
Operator: Phone:

Facility Phone: Date Built: Gal. Cap: Required Gal. Per Minute: Actual Gal. Per Minute:
Facility Type: Swimming Pool, Wading Pool, Swimming/ Diving Pool, Spa, Spray Pad, Diving Pool, Government Owned Spray Pad, Wave Pool, Water Slide, Other

Variance: Alternative Lifeguard Plan filed with Public Safety Branch Safety Variance approved by Environmental Management Branch

WATER SUPPLY & WASTEWATER DISPOSAL

- *1. Water supply, approved source, entry method, cross-connections, adequate supply
*2. Approved sewage disposal, satisfactory operation
3. Deck drainage, deck drains, backwash wastewater disposal

REFUSE DISPOSAL

- *4. Approved disposal
5. Approved receptacles and bulk storage area, clean, good repair, adequate

FACILITY MAINTENANCE

- 6. Bottom, Sidewalls, Deck: Growths, scum build-up, clean, good repair
*7. Perimeter overflow system, skimmers, inlets, main drain; water level, operating, clean, good repair
8. Ladders, steps, handrails, diving board, lifelines and floats in good repair
9. Depth Markings and Lane Lines: properly located, spaced, sized, contrasting color, good repair
10. Lighting, Underwater and Deck: adequate, operating, good repair

EQUIPMENT ROOM & TREATMENT SYSTEM

- 11. Equipment Room: adequate space, floor drain, lighting, ventilation, no non-essential materials, clean, good repair
*12. Pumps: approved type, capacity, gauges, valving, strainer, operating, good repair
13. Flow Meter: installation, accessibility, operating, good repair
*14. Turnover rate hrs. (min.)
15. Recirculating Piping: identified, approved materials, good repair
*16. Water Heaters: approved type, thermometers, temperature limiting device, operating
*17. Filter: type, valves, sight glass, air release, gauges, operating, good repair
*18. Disinfectant System: type, installation, capacity, operating, good repair
*19. pH Control, Chemical Feed Equipment: types, installation, capacity, operating, good repair
20. Surge Tank, Backwash Sump, Other Equipment: adequate, installation, operating, good repair
21. Chemical Stock: adequate, fresh, storage, usage

- *22. Test Kits: provided, proper types, fresh reagents, maintained, proper usage
23. Vacuum System: installation, operating, good repair

WATER QUALITY

Table with columns: Parameter, Shallow End, Deep End, Rating. Rows include Disinfectant free residual, Disinfectant combined residual, pH, Cyanuric acid, Turbidity, Total Alkalinity, Temperature, Operator testing frequency.

FACILITIES MONITORED ONLY DO NOT REQUIRE AN OVERALL RATING

BATH HOUSES & ATTENDANT STRUCTURES

- 32. Structures, Decks, Furnishings: good repair, clean
33. Toilet, Shower, Locker Facilities: clean, lighting, ventilation, good repair
34. Toilet tissue, hand-drying device, soap provided

SAFETY

- *35. Lifeguard(s) on duty: sign posted, lifeguard chairs, adequate, good repair
*36. First Aid, Safety Equipment, Spa Time Switch, Telephone: readily accessible, adequate, maintained, good repair
*37. Warning signs, facility regulations posted, enforced, conspicuous, good repair
*38. Gas Chlorinator: installation, operation, protection, ventilation; breathing apparatus (SCBA) accessible, operational, staff trained in use, emergency procedures
*39. Facility Enclosure: adequate, self closing gate, good repair

GENERAL FACILITY OPERATION

- 40. Designated facility operator available
41. Premises maintained free of debris, refuse
42. Bathing Suits, Towels, Other Items Provided by Facility: properly cleaned, stored

RATING

ORDER OF IMMEDIATE CLOSURE OF FACILITY (ACTION CODE Z)

*CRITICAL ITEM

COMMENTS:

Items marked are considered to be in violation of KRS 211.180 and Public Swimming and Bathing Facilities Regulations (902 KAR 10:120) and must be corrected: by next routine inspection or within days. Failure to correct the violations as listed will result in further action as provided by KRS 211.990(2). An opportunity for an appeal from any notice or inspection findings will be provided if you file a written request for a hearing with the department within the period of time specified by the applicable regulation.

Received by: Inspected by:

Date: Health Authority Local State