

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT  
PUBLIC POOL AND BATHING PLACE  
INSPECTION REPORT



PURPOSE:

- ROUTINE
- SPECIAL
- COMPLAINT
- QA SURVEY
- OTHER
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- EPIDEMIOLOGY

**DRAFT**

TYPE:

- Swim Pool
- Spa
- Wading Pool
- Spec Purpose
- Water Activity
- Rec Attract
- IWF
- Other

NAME OF POOL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 OWNER \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_  
 PERSON IN CHARGE \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
 POOL OPERATOR \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**RESULTS**

Satisfactory  
 Incomplete  
 Pool Closed  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on: \_\_\_\_\_  
 DATE \_\_\_\_\_

Minor FBC by July 1  
 OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER

**Bolded** items checked are not in compliance with Chapter 386 or 514, Florida Statutes, or Chapter 64E-9 or 64E-10, Florida Administrative Code. These violations must be corrected by the date indicated to avoid closure, administrative fines, or other legal actions. Florida Building Code (FBC) violations are reported to the local building official, and depending upon risk severity, the Department of Health may close the pool or rescind the operating permit.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1. Water Clarity/Algae Control | <input type="checkbox"/> 14. Life Hook(s) w/Pole     | <input type="checkbox"/> 25. Spa Requirements-ORP          |
| <input type="checkbox"/> 2. Deck/Walkways               | <input type="checkbox"/> 15. Life Ring w/Rope        | <b>EQUIPMENT ROOM</b>                                      |
| <input type="checkbox"/> 3. Tile/Pool Finish            | <input type="checkbox"/> 16. Safety Line             | <input type="checkbox"/> 26. Wading Pool-Quick Dump        |
| <input type="checkbox"/> 4. Depth Markers-FBC           | <input type="checkbox"/> 17. Rules Posted            | <input type="checkbox"/> 27. Water Level/Control           |
| <input type="checkbox"/> 5. Handrail/Ladder-FBC         | <input type="checkbox"/> 18. Certification           | <input type="checkbox"/> 28. Disinfection Feeder/Generator |
| <input type="checkbox"/> 6. Step Markings-FBC           | <b>SANITARY FACILITIES</b>                           | <input type="checkbox"/> 29. pH Feeder                     |
| <input type="checkbox"/> 7. Suction Outlets-514.0315(1) | <input type="checkbox"/> 19. Supplies 64E-10, FAC    | <input type="checkbox"/> 30. Chem Container Label-FBC      |
| <input type="checkbox"/> 8. Gutter Grates/Skimmer-FBC   | <input type="checkbox"/> 20. Clean 64E-10, FAC       | <input type="checkbox"/> 31. Filter / Pump                 |
| <input type="checkbox"/> 9. Lighting                    | <b>WATER QUALITY</b>                                 | <input type="checkbox"/> 32. Vacuum Cleaner-FBC            |
| <input type="checkbox"/> 10. No Dive Markings-FBC       | <input type="checkbox"/> 21. Approved Test Kit       | <input type="checkbox"/> 33. Flowmeter _____               |
| <input type="checkbox"/> 11. Diving Board-FBC           | <input type="checkbox"/> 22. Free Chlor./Brom. _____ | <input type="checkbox"/> 34. Thermometer _____             |
| <input type="checkbox"/> 12. Pool Cover                 | <input type="checkbox"/> 23. pH _____                | <input type="checkbox"/> 35. Pressure/Vacuum Gauge         |
| <input type="checkbox"/> 13. Pool Side Shower-FBC       | <input type="checkbox"/> 24. Chlor. Stabilizer _____ | <input type="checkbox"/> 36. Equip. Room                   |
|   |  | <input type="checkbox"/> 37. Cross Connection              |
|   |  | <input type="checkbox"/> 38. Gas Chlorine Eq.-FBC          |
|   |  | <input type="checkbox"/> 39. Waste Water-FBC               |
|   |  | <input type="checkbox"/> 40. D.E. Separator-FBC            |
|   |  | <input type="checkbox"/> 41. Other Equipment               |
|   |  | <input type="checkbox"/> 42. Equip. Change-FBC             |
|   |  | <input type="checkbox"/> 43. Approved Chemicals            |
|   |  | <input type="checkbox"/> 44. Maintenance Log               |
|   |  | <input type="checkbox"/> 45. Inspection Posted             |
|   |  | <input type="checkbox"/> 46. Safety-514.0315(2)            |
|   |  | <input type="checkbox"/> 47. Fences/Gates-FBC              |
|   |  | <input type="checkbox"/> 48. Other                         |
|   |  | <input type="checkbox"/> 49. Other                         |

**POOL SPECIFICATIONS**

VOLUME \_\_\_\_\_

POOL LOAD \_\_\_\_\_

FLOW RATE \_\_\_\_\_

NIGHT SWIM \_\_\_\_\_

FILTER TYPE \_\_\_\_\_

*It is unlawful to modify any public pool or its equipment without first having obtained approval from the department.*

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<b>DRAFT</b>

HEALTH DEPARTMENT INSPECTOR \_\_\_\_\_  
 COPY OF REPORT RECEIVED BY \_\_\_\_\_

**DRAFT**

PHONE \_\_\_\_\_  
 DATE \_\_\_\_\_