



Ledge Light Health District
 943 North Road · Route 117
 Post Office Box 909 · Groton, Connecticut 06340-0909

PUBLIC POOL INSPECTION FORM

Facility Name: _____ **Date:** _____

Address: _____ **Town:** _____

Person(s) Conducting Inspection: _____ **Title:** _____

Pool Supervisory Person: _____ **Title:** _____

Type of Pool: ()Swimming ()Wading ()Whirlpool ()Other

()Outdoor ()Indoor **Diving Board(s):** ()Yes ()No

Pool Approval Date: _____ **Pool Volume:** _____ **Gals.**

Disinfectant Used: ()Chlorine ()Bromine ()Other

Disinfectant Residual: Free: _____ Total: _____ pH: _____

<u>Pool</u>	<u>S</u>	<u>U</u>	<u>Equipment Room</u>	<u>S</u>	<u>U</u>
Clarity of Water			Circulating Pump (size: HP)		
Skimmers/Gutters (water level)			Inlet & Outlet Gauges		
Depth/ No Diving markers			Filter (type: size: ft ²)		
Drains (grates)			Flow Gauge (flow: gpm)		
Wading Pool min. 2 Drains			Turnover Rate		
Make-up water (air gap)			Automatic Disinfection		
Ladders/ Stairs			Backwash Line (air gap)		
Deck (condition/cleaning)			Chemical Storage		
Safety Equipment (1 set/100ft.)			Whirlpool Temp. (< 104°F)		
Lifeguard/Lifeguard Stand			Test Kit (DPD)		
First Aid Kit			Record Keeping/Log Books		
Signs:			Pool Drainage Provisions		
No Diving/No Lifeguard					
Pool/Whirlpool Spa Rules					
Fencing/ Gates /Doors			Bathhouse Facilities		
Telephone			Drinking Fountain		

U=Unsatisfactory

S = Satisfactory

Remarks: Corrective Actions:

Inspector: _____

Pool Operator: _____