

PUBLIC POOL PUBLIC POOL PUBLIC POOL

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.

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

*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 \_\_\_\_\_