



SWIMMING POOL/SPA INSPECTION REPORT

LOCAL INSPECTION AGENCY:

Johnson County Public Health
855 S. Dubuque St; Suite 217
Iowa City, IA 52240

Date of Inspection:		Registration # <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Other	
Facility Name:		Registration # <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Other	
Facility Physical Address:		Registration # <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Other	
City:	County: Johnson	State: IA	Zip:
Person Contacted:		E-Mail:	
Name of CPO(s)			

CHEMICAL FEED SYSTEMS AND SECONDARY DISINFECTANT

Disinfection make and model #:

Type:

Bromine Trichlor Calcium Hypochlorite Sodium Hypochlorite Lithium Hypochlorite Cl (gas) Other: _____

WATER CHEMISTRY

Type (Pool, Spa, Plunge Pool, etc.)	Free Chlorine Pool 1.0-8.0 Spa 2.0-8.0	Bromine Pool 2.0-18.0 Spa 4.0-18.0	pH Pool 7.2-7.8 Spa 7.2-7.8	Cyanuric Acid Pool 0-40 Spa 0- 40	Controller ORP 700-880 pH 7.2-7.8	Spa Temperature <= 104°

Key: S = Satisfactory U = Unsatisfactory N/A = Not Applicable

FACILITY RECORDS

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| <p>S U N/A</p> <p>1. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.9(1) The swimming pool or spa is currently registered.</p> <p>2. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(2)a(1)-(6) & 15.51(2)a(1)-(6): Water quality readings recorded are in the correct range (or closures noted when out of range).</p> <p>3. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(2)e(1)-(6): Swimming pool: ORP and pH at opening and every 4 hours; free Cl (Br) 2x daily; combined Cl, total alkalinity and cyanuric acid weekly; calcium hardness & bacteria testing monthly.</p> <p>4. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(4)h(1)3 & 15.51(4)f(2)3: Submerged outlet (VGB) certification of compliance (main drain, equalizer, feature outlets, etc.) is on-site.</p> <p>5. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(4)h(3)1-3 & 15.51(4)f(4)1-3: SVRS product information that demonstrates compliance is on-site. SVRS tested monthly and the test date(s) recorded.</p> | <p>6. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(6)h: Certified operator, lifeguard, first-aid, & CPR certificates.</p> <p>7. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(6)f(2) & 15.51(5)e(2): Monthly microbiological analyses results.</p> <p>8. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(6)f(3) & 15.51(5)e(4): Facility maintains reports of complaints, accidents, injuries, & illness. Reports submitted as required.</p> <p>9. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(6)f(4) & 15.51(5)e(5): Dates & quantities of chemical additions, including resupply of chemical feed systems.</p> <p>10. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(6)f(5) & 15.51(5)e(6): Dates when filters were backwashed, cleaned, or a filter cartridge was changed.</p> <p>11. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(6)f(6) & 15.51(5)e(8): GFCI receptacles & breakers are tested at least 1x/month and dates of test dates recorded.</p> <p>12. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(6)f(7) & 15.51(5)e(9): MSDS for chemicals on-site, reviewed annually, and date(s) of review recorded.</p> <p>13. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(6)i(1)-(6) & 15.51(5)g(1)-(6): Operations manual on-site (water testing procedures, backwash, vacuuming, etc.).</p> |
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FACILITY RECORDS CONT.

S U N/A

14. **15.4(6)l**: A written emergency plan onsite (drowning, serious illness or injury, chemical-handling accidents, weather emergencies, and other serious incidents) reviewed annually by staff, and date(s) of review recorded.
15. **15.4(6)m**: Lifeguard staffing plan, including diagram(s) of zones of surveillance responsibility.
16. **15.51(2)e(3)**: Spa temperature recorded when water quality testing is done (104° or less-closures noted when out of temp range).
17. **15.51(2)e(1)-(8)**: Spa: ORP and pH at opening and every 2 hours; free Cl (Br) and temperature 2x daily+; combined Cl and cyanuric acid daily; total alkalinity weekly and at each fill; calcium hardness at each fill & bacteria testing monthly
18. **15.51(3)b(2)**: Spa drained, cleaned & refilled: 500 gal or less 1x week, 500 -2000 gal 1x every two weeks, more than 2000 gal 1x every three weeks.

POOL/DECK/SURROUNDING AREA

S U N/A

1. **15.4(1)b(4)1 & 15.51(1)e(1)-(2)**: Skimmers have self-adjusting weirs and removable baskets.
2. **15.4(2)c & 15.51(2)c**: Grate clearly visible. Grate openings visible in water less than 8ft deep.
3. **15.4(3)b(1) & 15.51(3)b(1)**: Pool/spa does not require cleaning.
4. **15.4(4)b(1)**: Ladders or recessed steps provided in the deep portion of pool. Stairs, ladders, recessed steps, or ramps provided in the shallow portion if more than 2ft deep.
5. **15.4(4)b(2) & 15.51(4)b(5)**: Ladders and ladder rungs are securely anchored.
6. **15.4(4)b(3)**: The vertical rails of a ladder are 3" to 6" from the pool wall. The bottom end of ladder is within one inch of the pool wall and covered with a smooth non-metallic cap.
7. **15.4(4)b(4) & 15.51(4)b(2)**: Steps, rungs, and ramps are slip resistant.
8. **15.4(4)b(5)**: Pool over 30ft wide have recessed steps, ladders, ramps, or stairs installed on each side.
9. **15.4(4)b(6)-(7)**: Recessed steps, stairs, or ramps have securely anchored grab rails or handrails.
10. **15.4(4)b(8)**: Stairs have slip resistant color contrasting stripe at least 1 inch wide marked at the leading edge of each tread.
11. **15.4(4)e**: Elevated lifeguard chairs (where required) are provided.
12. **15.4(4)f(1)**: Required lifesaving equipment provided.
13. **15.4(4)f(4)**: First-aid kit containing bandages, 4x4 bandage compress, self-adhering gauze bandage, disposable gloves & chemical cold compress. Signage if required.
14. **15.4(4)f(5)**: Spine board provided (facilities with lifeguards)
15. **15.4(4)f(6) & 15.51(4)d**: A designated emergency telephone with instruction. Signage posted as required.
16. **15.4(4)g & 15.51(4)e**: Pool/spa water levels maintained at the skimming level.
17. **15.4(4)h & 15.51(4)f**: Fully submerged outlets not missing or broken.
18. **15.4(4)h(4) & 15.51(4)f (5)**: Skimmer equalizer openings VGB compliant or the equalizers plugged.
19. **15.4(4)i(1)**: The bottom and sides of pool are white or light color.
20. **15.4(4)i(3)**: The shallow & deep water (5ft) or change in slope is marked by a float line with floats spaced no more than 5ft apart.

21. **15.5(18)c**: Each section of a multi-section pool is separated from the other sections by a float line (built or reconstructed since March 10, 1993).
22. **15.4(4)j(1)**: Depth markers within 3ft from edge of pool.
23. **15.4(4)j(2)**: Depth markers in 1ft depth intervals and not more than 25ft apart in shallow water.
24. **15.4(4)j(3)**: Depth markers not more than 25ft apart around the deep end of swimming pool.
25. **15.4(4)j(6)**: "No Diving" marked in areas where diving is not permitted (not more than 25ft apart).
26. **15.4(4)j(7)**: Letters, numbers & graphics marked on decks and slip resistant.
27. **15.4(4)k(1)-(3) & 15.51(4)h(1)-(4)**: Decks are slip resistant, have durable and cleanable surface, are free of litter, obstructions & tripping hazards.
28. **15.4(4)k(3) & 15.51(4)i**: No underwater or overhead projections or obstructions.
29. **15.4(4)l(2) & 15.51(4)k(2)**: Fence, wall, or other means of enclosure has no openings greater than 4 inches.
30. **15.4(4)l(1) & 15.51(4)k(1)**: Pool enclosed by a fence, wall, building enclosure or combination not less than 4ft high.
31. **15.4(4)l(2) & 15.51(4)k(2)**: The distance between the ground & the top of the lowest horizontal support is at least 45 inches.
32. **15.4(4)l(3) & 15.51(4)k(3)**: A gate at least 36 inches wide provided for emergency purposes.
33. **15.4(4)l(4) & 15.51(4)k(3)**: Gates lockable.
34. **15.4(4)l(5) & 15.51(4)k(4)**: Gates/doors are self-closing and self-latching (where lifeguards are not provided).
35. **15.4(4)l(5)**: Indoor pool enclosed by barrier at least 3ft high if there are sleeping rooms, hallways, apartments, condominiums or permanent recreation areas used by children that open directly into the swimming pool area.
36. **15.4(4)l(6)**: Wave pool has a continuous barrier at least 42 inches high along the full length of each side of the wave pool.
37. **15.4(4)m (1) & 15.51(4)j(1)**: Electrical outlets serving pool deck equipped with (GFCI) at the outlet or at the breaker serving the outlet.
38. **15.4(4)m(2) & 15.51(4)j(4)**: Artificial lighting provided for indoor or outdoor pools/spas used after sunset (overhead and/or underwater lights) are functional.
39. **15.4(6)b(1)-(3) & 15.51(5)b(1)-(8)**: Legible pool rules signs posted at two locations (No Diving, No Rough Play, No Running)
40. **15.4(6)d(1)**: 'No Lifeguard' (Children under 12 must be accompanied by an adult) sign posted at each swimming pool entry where lifeguards are not provided.
41. **15.5(4)h & 15.51(4)h(3)**: At least one hose bib provided for flushing the deck(built or reconstructed since March 14, 1990).
42. **15.4(1)d(2) & 15.51(1)g(2)**: Vacuum breaker backflow preventers provided on all hose bibs on the deck.
43. **15.4(4)c(2)**: Starting blocks removed, covered, or a sign posted to prevent use by the public during general use periods.
44. **15.5(4)d & 15.52(4)b**: The decks drain away from the swimming pool/spa (built or reconstructed since March 10, 1993).
45. **15.5(13)f(3)**: Where pool depth changes from shallow to deep, a 4 inch wide stripe is marked (floor and wall) at 5 feet depth (built or reconstructed since March 14, 1990).
46. **15.4 & 15.51**: A swimming pool/spa is operated in a safe, sanitary manner.

SPA

- | S | U | N/A | |
|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.51(4)c: Spa water temperature does not exceed 104°F. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.51(4)l: Agitation system control out of reach of persons and timer is 10 minutes or less. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.51(5)b: Spa rules sign (8 required stipulations) posted. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.51(5)c: Maximum spa depth posted (letters or numbers 3in high). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.52(12)a: A spa has at least one stairway, ramp, ladder or set of recessed steps designating a point of entry (built or reconstructed since March 14, 1990). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.52(12)a(1)2: Spa stair steps have two hand/grab rails, one on each side of the steps (built or reconstructed since March 10, 1993). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.52(12)c: An emergency shutoff switch near the spa (built or reconstructed since 1999). |

WADING POOLS

- | S | U | N/A | |
|--------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)h: Fully submerged outlets not missing or broken. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)h(1)2: Fully submerged outlet covers/grates not removable without the use of tools. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)l(4): Wading pool within 50 ft of a pool has a barrier at least 36 inches high separating it from the pool or has written alternate management plan on-site. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)l(5): Gates/doors are self-closing and self-latching (where lifeguards are not provided). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(6)d(1): 'No Lifeguard' (Children must be accompanied by an adult) sign posted at each wading pool entry where lifeguards are not provided. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)j(4): Maximum depth of wading pool at each entrance and one location inside enclosure (letters or numbers 3in high). |

DIVING BOARDS

- | S | U | N/A | |
|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)c(6): Diving boards/platforms have slip-resistant surfaces. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)c(8)-(9): Diving board handrails and guard rails present and secure. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)c(10): Diving board supports, platforms & steps have no obvious visual structural problems. |

WATER SLIDES

- | S | U | N/A | |
|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)d(5): Water slide has a lifeguard (or shallow water guard where applicable) at the top and bottom of slide. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)o(1): Water slide support structures are free of obvious structural defects. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)o(2): The walkable surface of flume is smooth and continuous. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)o(3): The walkable surface of flume has no sharp edges within reach of a user while in the proper sliding position. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(6)e (1)-(6): Water slide rules are posted near the slide. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.5(17)b(1): Plunge pool depth is at least 3ft and no more than 4ft . |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.5(17)b(4): Landing area for a water slide is designated by a float line or a painted area. |

MECHANICAL ROOM

- | S | U | N/A | |
|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(1)a & 15.51(1)a: Filtration system is in good working condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(1)b(1) & 15.51(1)c: The recirculation system is operating continuously (except for backwashing or servicing). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(1)b(1) & 15.51(1)c: The circulation system flow meter(s) are functional. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(1)b(2) & 15.51(1)b: Pressure gauges (before and after) filter pump |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(1)c & 15.51(1)f: Wastewater and backwash is discharged through an air break or air gap. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(1)d(1) & 15.51(1)g(1): Water supplied to a pool/spa is discharged to the system through an air gap or a reduced principle backflow device. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(1)d(2) & 15.51(1)g(2): Vacuum breaker backflow preventers provided on hose bibs in mechanical room. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(1)e(1) & 15.51(1)h(1): Electric water heaters have UL seal. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(1)e(2) & 15.51(1)h(2): Gas-fired heaters have AGA seal and equipped with a pressure relief valve. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(1)e(3) & 15.51(1)h(3): Fuel-burning water heaters are vented to the outside. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(1)e(4) & 15.51(1)h(4): Rooms with fuel-burning equipment has opening(s) to the outside for providing combustion air. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(2)g: Knowledgeable person in testing water/operating water treatment equipment available when pool is open for use. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(2)f(1)-(3) & 15.51(2)f(1)-(3): A swimming pool/spa facility has water testing equipment for free chlorine & combined chlorine, or total bromine; pH; total alkalinity; calcium hardness; & cyanuric acid. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(2)f(4)-(5) & 15.51(2)f(4)-(5): ORP/pH controller with numerical analog or digital display |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(3)a(1) & 15.51(3)a(1): Continuous disinfection feed equipment installed and operational. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(3)a(2) & 15.52(11)h: Continuous pH chemical feed equipment installed and operational (built or reconstructed since July 1, 1998). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(3)b(2): A vacuum cleaning system is provided. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(6)j & 15.51(5)i: A schematic drawing of the recirculation system is posted or clear labeling of piping with flow direction and water status (unfiltered, treated, backwashed). |

CHEMICAL STORAGE

- | S | U | N/A | |
|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)a(2) & 15.51(4)a(2): Swimming pool/spa chemicals properly stored & handled. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)a(4) & 15.51(4)a(4): Chemical storage containers clearly labeled. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)a(5) & 15.51(4)a(5): A chemical hazard warning placed at the entrances to rooms where chemical are used or stored. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)h(3) & 15.51(4)f(4): A pool/spa with a single submerged outlet that is not unblockable is equipped with a SVRS. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)m(2)2 & 15.51(4)j(4)2: Underwater lights more than 15 V equipped with a GFCI. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.5(11)g: Sodium hypochlorite tanks larger than 55 gallons have secondary containment (built or reconstructed since May 4, 2005). |

CHLORINE GAS

- | | S | U | N/A | |
|----|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)n(1)1: Chlorine gas room has an exhaust system. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)n(1)2: An air intake provided near the ceiling. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)n(1)3: The exhaust fan shall be operated from a switch labeled "Chlorine Exhaust Fan" in a nearby location outside the chlorine room or building. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)n(1)4: Discharge from exhaust system outside of pool enclosure |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)n(1)5: Artificial lighting provided in chlorine room |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)n(1)7: A plastic bottle of commercial strength ammonia solution for leak detection. |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)n(2)1: Chlorine gas cylinders are individually anchored with safety chains or straps |

BATHHOUSE

- | | S | U | N/A | |
|----|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(5): Showers, dressing rooms & sanitary facilities are clean & free of debris. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(5)a-b: Floors slip-resistant and maintained without standing water. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(5)c: Carpet not in wet areas of the bathhouse/dressing area. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(5)d: Lavatories, showers & sanitary facilities functional. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(5)e: Soap at each lavatory and indoor shower fixtures. |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)m(1) & 15.51(4)j(1): Electrical outlets in the public dressing, lavatory, and shower areas are protected by GFCI receptacles at the outlet or breaker serving the outlet. |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.5(21)e: Hose bib(s) provided within the bathhouse (built or reconstructed since March 14, 1990) . |

Comments/Recommendations:

Comments/Recommendations:

8. **15.4(1)d(2) & 15.51(1)g(2):** Vacuum breaker backflow preventers provided on all hose bibs in the bathhouse.

SPRAY PADS

- | | S | U | N/A | |
|----|--------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.5(19)a: The surface of a spray pad shall be impervious and durable. Padding specifically designed for spray pads may be used with play features. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.5(19)b: The spray pad surface shall slope to drain. Deck or other areas outside the spray pad shall not drain into the spray pad. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.5(19)c: Unless the spray pad is supervised by facility staff, a sign shall be posted near the spray pad that addresses: No running on or around the spray pad, No rough play, No facility supervision. Parents are responsible for supervising their children. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.5(19)d: Spray pads drains shall be gravity outlets. At least two drains or a single drain that is unblockable shall be provided. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.5(19)e(2): On independent treatment systems the tank shall be accessible for cleaning and inspection. |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.5(19)e(3): On independent treatment systems the recirculation treatment system and play feature pump and piping system shall be separate. |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.5(19)e(5): On independent treatment systems the play feature pump system shall be designed so that it will not operate if the recirculation system in not operating. |

IOWA SMOKEFREE AIR ACT

- | | S | U | |
|----|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Iowa Code §142D: No violations observed (No evidence of smoking in prohibited areas, no ashtrays present, signs posted at entrances) |

FACILITY ACKNOWLEDGEMENT

If any of the conditions identified below occur during operation of the swimming pool or spa, the owner or their representative (i.e. CPO, Lifeguard, Manager, etc) must immediately close the pool/spa and document the closure in the daily logs in accordance to 641 IAC Chapter 15. The pool or spa must remain closed until proper operating conditions are achieved and recorded in the daily logs.

- The swimming pool shall be closed if the free chlorine measurement is less than 0.6 ppm or the total bromine measurement is less than 1.0 ppm.
- The spa shall be closed if the free chlorine measurement is less than 1 ppm or the total bromine measurement is less than 2.0 ppm.
- The spa shall be closed if the temperature is greater than 104°.
- The swimming pool or spa shall be closed if the free chlorine measurement is greater than 8.0 ppm or the total bromine measurement is greater than 18.0 ppm.
- The swimming pool or spa shall be closed if the ORP is less than 650 mV or greater than 880 mV.
- The swimming pool or spa shall be closed if the pH measurement is less than 6.8 or is greater than 8.2.
- The swimming pool or spa shall be closed if the cyanuric acid measurement is greater than 80 ppm.
- The swimming pool or spa (when the spa agitation system is off) shall be closed if the main drain is not clearly visible. (This can be caused by problems such as poor water clarity, surface reflection, and/or inadequate lighting.)
- The swimming pool or spa shall be closed if submerged suction outlets (drain cover, equalizer cover, feature outlets, etc.) are missing or broken.
- The swimming pool or spa shall be closed when chemical additions are made from the deck for at least one-half hour or until the disinfectant residual returns to acceptable levels
- Two consecutive positive test results for coliform bacteria. (After the first positive result, the local inspection agency office should be contacted, and the pool shall be super-chlorinated (the addition of chlorine disinfectant compound to a concentration of at least 10 ppm free chlorine) at the facility's earliest convenience but not to exceed 24 hours. A recheck sample shall be taken once the disinfectant residual returns to acceptable levels. The pool shall be closed if the second sample is positive and may reopen once no coliform bacteria are detected and the above listed requirements are met.

Alexis G.

Pool/Spa Representative

_____ Date

[Signature]

JCPH Representative

_____ Date

*The inspection reviewed the facility in relation to the particular requirements of 641 IAC Chapter 15 identified above. The inspection is limited in scope and time noting observed deficiencies. Deficiencies may have occurred before the inspection, may occur after the inspection, or may not have been directly observable by the inspector at the time of inspection. The inspection in no way waives any of the requirements of 641 IAC Chapter 15 and the facility will be required to correct any deficiencies identified through future inspections. The inspection does not review any other local, state, or federal laws, ordinances, regulations, or requirements that may apply to this facility.

NOTIFICATION OF DEFICIENCIES AND REQUEST FOR CORRECTIVE ACTION

Enforcement 641 15.6(135I)

Facility Name:

Date of Inspection:

Inspector:

The following is a list of the deficiencies that were identified in the inspection report that need a Corrective Action Plan. Please respond within ____ **days** of receipt of this notice to the identified deficiencies by completing the Corrective Action Plan section(s) below with an explanation of how the deficiencies will be corrected and the timeframe. If a deficiency cannot be completed before you respond, you must set a fixed time for correction. Failure to respond within the required timeframe may result with enforcement action against your facility pursuant to Iowa Code 135I and 641 IAC 15.6.

Deficiency 1: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 2: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 3: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 4: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 5: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (Cite this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 6: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 7: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 8: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 9: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 10: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

*** Additional identified deficiencies may be listed on attached pages.

The deficiencies noted during the inspection shall be addressed by completing this Corrective Action Plan within ____ **days** and submitting an original signed copy of this document to:

Johnson County Public Health
Attn:
855 S. Dubuque St.; Suite 217
Iowa City, IA 52240

Pool Representative: _____

Date: _____

Deficiency 11: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 12: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 13: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 14: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 15: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 16: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)