



**Swimming Pool
Inspection Report
Bureau of Water**

Facility: _____ Permit #: _____ - _____ - _____

District: _____ Date: ____/____/____ Time: _____

Pool Type: A B C D E F Indoor Outdoor Inspection Type: Routine Preseason Follow-up TAV

Number of Swimmers in Pool _____	YES	NO	N/A	Comments
01. Pool Open for Public Use				<p>* = Immediate Closure Item</p> <p>All other deficiencies must be corrected within _____ days or closure may result.</p>
02. First Aid Kit Available During Hours of Operation				
03. Lifeline w/Floats in Place				
04. Depth Markers on Deck and Walls & Marked in "Feet" or "Ft"				
05. Ladders and Handrails Tight and Secure				
06. Pool Wall and Floor Clean; Pool Free of Algae				
07. Deck Clean and Clear of Hazards				
08. Skimmers or Gutter Operating Properly				
09. Water Level at Middle of Skimmer or Lip of Gutter				
10. Diving Board Maintained in Safe Condition				
11. Back-Flow Prevention Device on Hose Bibbs				
12. Bathroom: Soap, Paper, Handtowel/Dryer, Shatter-Resistant Mirrors				
13. Chlorine 1.0-5.0 ppm (_____._____), Bromine 2.3-11 ppm (_____._____) *				
14. pH Level 7.2-7.8 (_____._____) *				
15. Main Drain Grates Visible *				
16. Main Drain Grates in Place and Unbroken *				
17. 20" USCG Approved Life Ring w/Rope Attached (Type B) *				
18. Shepherd's Crook w/12' Handle Permanently Attached (Type B) *				
19. Lifeguard(s) on Duty (Type A&E) *				
20. Rescue Tube (Type A&E) (Required for Each Lifeguard) *				
21. Blankets, Backboard, Collar or Immobilizer Present (Type A&E) *				
22. Telephone/Emergency Notification Device w/in 200' of Pool and Operational *				
23. Spa Temp. Max 104°F (_____.°F) & Temp. Monitored *				
24. Current Operating Permit Posted *				
25. All Required Pool/Spa Rules Posted *				
26. Two "SHALLOW WATER (4") , NO DIVING (6")" Signs Posted *				
27. Two "NO LIFEGUARD ON DUTY(6")-SWIM AT YOUR OWN RISK(4")" Signs Posted *				
28. Certified Pool Operator Sign Posted (or Added to Pool Rules Sign) *				
29. S.C. Certified Pool Operator Requirement Met *				
30. Bound and Numbered Pool Log Available and Maintained Daily *				
31. Disinfection Equipment Operating *				
32. Recirculation and Filtration System Operating *				
33. Automatic Controller Operating *				
Pool Closed Due to Unsatisfactory Inspection				

Call _____-_____ For Reinspection Prior to Reopening Reopen When Corrections are Made

IF THIS BOX IS MARKED, THIS CONSTITUTES A VIOLATION OF THE STATE RECREATIONAL WATERS ACT, CODE SECTION 44-55-2310, et. seq.

The Number of Violations Issued to this Facility During the Current Swimming Season _____. Accrual of Violations May Lead to Enforcement Action.

I certify that the inspector has supplied me with a copy of this report and has explained any deficiencies noted.

DHEC Inspector: _____ Facility Representative: _____