

Aquatic Facility Inspection Form

Based on CDC's 2023 Model Aquatic Health Code

Name of Aquatic Facility _____ Address _____ City _____ State _____ Zip Code _____

Venue Type: Pool Hot tub/Spa Wading Pool Interactive water play venue Floatation Tank Other _____

| Area | Item | Descriptions (▲ = critical violations) | Points | In | Out | N/A |
|---|---|--|--------------|----|-----|-----|
| Pool/ Spa Area | 1 | ▲ Enclosure: fencing, walls, gates and doors in good repair | 10 | | | |
| | 2 | ▲ Self-closing/Self-latching gates or doors operational | 10 | | | |
| | 3 | ▲ Protected overhead electrical wires/GFCI electrical receptacles | 10 | | | |
| | 4 | Grab rails, ladders secured; shell, deck in good repair | 5 | | | |
| | 5 | Float/safety line clearly present | 5 | | | |
| | 6 | ▲ "Depth" & "no diving" markers; stair stripes; in good repair and visible | 10 | | | |
| | 7 | Skimmers: Weirs and baskets installed; clean and operating; covers in good repair | 5 | | | |
| | 8 | Recirculation inlets functional | 5 | | | |
| | 9 | ▲ Main drain grate secured in place & in good repair | 10 | | | |
| | 10 | ▲ Water is clear, main drain visible | 10 | | | |
| | 11 | Starting blocks removed, covered, or access blocked | 5 | | | |
| | 12 | Pool deck free from obstructions; emergency exit marked | 5 | | | |
| | 13 | Emergency phone or other communication device available and well-marked | 5 | | | |
| | 14 | First Aid Kit available | 5 | | | |
| | 15 | ▲ Appropriate safety equipment present & in good repair | 10 | | | |
| | 16 | ▲ Adequate supervision of the aquatic facility | 10 | | | |
| | 17 | Signs: Bathing load/rules/chemicals/spa legible and in good repair | 5 | | | |
| | 18 | Water temperature ≤ 104°F (40°C) | 5 | | | |
| Water Chemicals | 19 | Approved NSF/ANSI Standard 50 DPD test kit | 5 | | | |
| | 20 | ▲ Proper disinfectant level | 10 | | | |
| | 21 | ▲ pH properly maintained | 10 | | | |
| | 22 | Combined chlorine < 0.4 ppm | 5 | | | |
| | 23 | ▲ Cyanuric Acid to Chlorine ratio ≤ 45:1 | 10 | | | |
| Equipment/ Chemical Room | 24 | Automated feeder operable | 10 | | | |
| | 25 | Automated controller operable | 5 | | | |
| | 26 | Piping and valves identified and marked | 5 | | | |
| | 27 | Flow meter present and operating | 5 | | | |
| | 28 | ▲ Recirculation pump: approved, good repair, operating | 10 | | | |
| | 29 | ▲ Filter: approved, good repair, operating | 10 | | | |
| | 30 | Pump strainer: baskets in good condition, not clogged | 5 | | | |
| | 31 | Filter gauges operable: filter inlet and outlet, strainer; sight glass | 5 | | | |
| | 32 | Proper functioning UV system; ozone system | 5 | | | |
| | 33 | Chemicals: labeled, stored safely, secured | 5 | | | |
| 34 | Appropriate Personal Protective Equipment (PPE) available | 5 | | | | |
| Hygiene Facilities | 35 | Diaper-changing station present; sink, adjacent trash can, sanitizer | 5 | | | |
| | 36 | Used equipment separated from cleaned equipment | 5 | | | |
| | 37 | Toilets: clean, good repair, bathroom appropriately stocked | 5 | | | |
| | 38 | Rinse showers: good repair, accessible | 5 | | | |
| | 39 | Cleansing showers: Warm, non-scalding water available; good repair; soap | 5 | | | |
| Records Room | 40 | Operator training certification available onsite | 5 | | | |
| | 41 | Lifeguard training certification available onsite | 5 | | | |
| | 42 | Inspection report conspicuously posted at each entrance | 5 | | | |
| | 43 | Operator inspection daily items: checklist used daily | 5 | | | |
| | 44 | Operator inspection items: evidence of appropriate steps promptly taken | 5 | | | |
| | 45 | Chemical records: filled out daily | 5 | | | |
| | 46 | Chemical records: evidence of appropriate steps promptly taken | 5 | | | |
| | 47 | Emergency Action Plan available on site | 5 | | | |
| General | 48 | ▲ Floatation Tank: Ozone or UV system in proper working order | 10 | | | |
| | 49 | ▲ Floatation Tank: Ozone or UV system meets volumetric turnover requirements | 10 | | | |
| | 50 | Floatation Tank: Interior surfaces cleaned to prevent build-up of slime and biofilm layers | 5 | | | |
| | 51 | ▲ Substantial unauthorized alterations/equipment replacement | 10 | | | |
| | 52 | ▲ Other: Imminent Health Hazards are a 10-point critical violation | 5 or 10 | | | |
| Points: add points for all scored categories; for in (blue) and out of (red) compliance | | | TOTAL | | | |

Risk Type*:
1 2 3

Time:
In _____
Out _____

Score: _____ %

Letter Grade: _____

Previous Score: _____ %

Purpose of Visit (Select one)
 Routine
 Complaint
 Follow-Up
 Illness
 Incident
 Other

Water Quality Readings

| | |
|------------------|-----------|
| Free chlorine | _____ ppm |
| Free bromine | _____ ppm |
| pH | _____ |
| Total alkalinity | _____ ppm |
| Calcium hardness | _____ ppm |
| Cyanuric acid | _____ ppm |
| Water Temp | _____ °F |

Grading System:
 A = 95–100%
 B = 85–94%
 C = 75–84%
 F = 74% or less or critical item

Inspection Results

OUT= Out of compliance R= Repeat COS= Corrected On Site During Inspection

| Inspection Results | Item # | COS/Correct by date | Description of Violation | Corrective Actions |
|--------------------|--------|---------------------|--------------------------|--------------------|
| OUT R COS | | | | |
| OUT R COS | | | | |
| OUT R COS | | | | |
| OUT R COS | | | | |
| OUT R COS | | | | |

Operator Name: _____

Operator Signature: _____

Inspector Name: _____

Inspector Signature: _____

Inspector's comments:

*** For explanation or definition of inspection items, see the Cheat Sheet for Calculating Scores for the Aquatic Facility Inspection Form.**



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention