CHECKLIST FOR ROUTINE INSPECTION OF SWIMMING POOLS

For use of this form, see TB MED 575; the proponent agency is the OTSG

1. Installation (APO)	2. Building No.	3. Facility Designation
FORT MONMOUTH	114	INDOOR POOL (PFC)
4. Person in charge of facility	**5. Telephone No.**	**6. Copy checklist furnished to**
AGNES	2-3128	ANGELA McNICHOL
7. Mailing address	**8. Purpose of inspection**	
	☒ Regular ☐ Pre-opening ☐ Courtesy ☐ Other (specify):	

(Check appropriate box.) **SECTION I - WATER**

Satisfactory	Unsatisfactory	
NA		a. Free available chlorine residual (mg/L): _____ shallow end _____ deep end
/		b. Combined chlorine (mg/L) (if measured): 2.5 shallow end 2.5 deep end
/		c. pH: 7.7 shallow end 7.7 deep end
/		d. Temperature: 92°
/		e. Visual clarity. CLEAR
		f. Water sample collected for bacteriological analysis at shallow and deep ends; after analysis, attach copy of results.

SECTION II - GENERAL

/		a. Bather load posted / # in pool area 157
/		b. Pool clean
/		c. Surface drainage
/		d. Pool properly enclosed
/		e. Area clean
/		f. Lifeguards (qualified / min. 2)
/		g. Lifesaving equipment / First Aid Kit / Tel or Emer Veh present
/		h. Regulations posted and enforced
/		i. Operating records (FAC & pH minimum 4 daily)
/		j. Test kit available
/		k. Spectators / tables / chairs - 10 feet from edge of pool

(Continue on reverse.)

(Check appropriate box.)

Satisfactory	Unsatisfactory	SECTION III POOL CONSTRUCTION
		a. Smooth, easily cleaned surfaces
		b. Depth markings
		c. Steps and ladders / diving area
		d. Overflow gutters or skimmers / water inlets and drains
		SECTION IV - RESTROOMS AND DRESSING ROOMS
		a. Rooms clean
		b. Soap, toilet paper, and paper towels available
		c. Floors and showers disinfected daily

SECTION V - REMARKS (*Explanation of any unsatisfactory findings*)

THIS POOL IS RATED SATISFACTORY IAW TB MED 577. POC

THIS ACTION IS SGT CASTILLO @ 2-9411.

x Angela Mchichol