



Manchester Health Department
 1528 Elm Street
 Manchester, NH 03101
 Tel: (603) 624-6466 / Fax: (603) 628-6004
 Web Site: www.manchesternh.gov/health

SWIMMING POOL INSPECTION FORM

Facility Name: _____ License Number _____
 Address: _____
 Manager: _____ Bather Load: _____
 Date Inspected _____ Inspected by: _____ CPO Certified: _____

"X" in "NO" Column indicates a violation

<u>WATER QUALITY</u>	YES	NO	REMARKS
* Free Chlorine (1.0 - 5.0 ppm) or	_____	_____	
* Free Bromine (2.0-10.0 ppm)	_____	_____	
* pH (7.0 - 7.8)	_____	_____	
* Clarity -- Main drain visible	_____	_____	
Water temperature not above 89° F	_____	_____	
Total alkalinity _____ (60-180)	_____	_____	
Cyanuric Acid less than 100 ppm	_____	_____	
<u>SAFETY STANDARDS</u>			
* Life-ring, reach-pole available	_____	_____	
* Breakpoint marking present	_____	_____	
* Depths properly marked (vertical walls & deck)	_____	_____	
* Safety rules posted	_____	_____	
* Phone/radio within 200' of water/location posted	_____	_____	
* 24 Unit First Aid kit and backboard available	_____	_____	
Dual Main Drains/Vacuum Release Systems	_____	_____	**This will be required as of 12/31/2010
* Anti-entrapment drain covers (provided & secure)	_____	_____	
* "Warning No Lifeguard On Duty" (4 inch letters)	_____	_____	
<u>CONSTRUCTION AND MAINTENANCE</u>			
Pool dimensions _____ Gallons _____			
* Pool fenced or enclosed with self-closing and latching gates	_____	_____	
Pool lining smooth and cleanable	_____	_____	
Hose bib accessible and equipped with backflow preventer	_____	_____	
* Recirculation system properly working	_____	_____	
- Flow meter present and working	_____	_____	
- Appropriate turnover through filters	_____	_____	
Required GPM _____			Actual GPM _____
- Filter present and working	_____	_____	
* Chlorinator/Brominator present and working	_____	_____	
* Free of cross-connections	_____	_____	
* Water Quality Testing equipment provided and maintained	_____	_____	
Required daily records maintained	_____	_____	
<u>AREA SANITATION</u>			
Swimming/bathing area clean	_____	_____	
Covered waste receptacle provided	_____	_____	
Towels disinfected and stored in sanitary manner	_____	_____	
Separate toilet facilities provided within 200'	_____	_____	
Toilet facilities clean & maintained	_____	_____	
Shower facilities provided & maintained	_____	_____	

NOTICE: This inspection found a violation of section 91.42-44 of the City of Manchester Code of Ordinances. This violation must be corrected within _____. Failure to do so may result in the issuance of a citation.

 FACILITY MANAGER

 ENVIRONMENTAL HEALTH SPECIALIST