

JOHNSON COUNTY ENVIRONMENTAL DEPARTMENT
SANITATION DIVISION
SWIMMING POOL INSPECTION FORM
(913) 715-6900

PURPOSE
<input type="checkbox"/> Routine
<input type="checkbox"/> Complaint
<input type="checkbox"/> Other

SAMPLE FORM

Name _____ Address _____

City _____ Licensed Pool Operator(s) _____

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

FACILITY TYPE	Number	RECIRCULATION & FILTRATION	CLASSIFICATION
Indoor <input type="checkbox"/> Swim	_____	Water Capacity _____ Filtration Rate _____	<input type="checkbox"/> Public
Outdoor <input type="checkbox"/> Wade	_____	Pump gpm _____ Filter Type: HRS RS DE C	<input type="checkbox"/> Semi-Public
Combination <input type="checkbox"/> Spa	_____	Turnover Rate _____	

WATER QUALITY

Location			
1. pH (7.2 – 7.8)			
2. Disinfectant (1-3 ppm POOLS) (2-5 ppm SPAS)			
3. Maximum Bather Load			

() Indicates Acceptable Ranges

Primary Type of Disinfectant

- Sodium Dichloro-s-triazinetrione Spa Temperature
- Trichloro-s-triazinetrione (104° maximum)
- Sodium Hypochlorite
- Calcium Hypochlorite
- Lithium Hypochlorite
- Chlorine Gas
- Bromine
- Unknown

POOL

	S	U	N/A
4. General Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Main Drain Covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Bottom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Depth Markers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Water Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Chlorinator / Brominator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Water Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY EQUIPMENT & SIGNAGE

	S	U	N/A
14. Lifesaving Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Rules Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Fifteen (15) Minute Timer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Hygiene Signature Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Gas Chlorine Is Used

	S	U	N/A
19. Self-Contained Mask / Stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Cylinders Secured / Stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Ammonium Hydroxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EQUIPMENT

	S	U
23. General Condition	<input type="checkbox"/>	<input type="checkbox"/>
24. Chemical Storage	<input type="checkbox"/>	<input type="checkbox"/>
25. Gauges / Meters	<input type="checkbox"/>	<input type="checkbox"/>
26. DPD Test Kit	<input type="checkbox"/>	<input type="checkbox"/>
27. Log	<input type="checkbox"/>	<input type="checkbox"/>
28. Clean Skimmers / Gutters	<input type="checkbox"/>	<input type="checkbox"/>
29. Hair & Lint Strainers	<input type="checkbox"/>	<input type="checkbox"/>
30. Filters	<input type="checkbox"/>	<input type="checkbox"/>
31. Pump	<input type="checkbox"/>	<input type="checkbox"/>
32. Turnover Rate	<input type="checkbox"/>	<input type="checkbox"/>
33. Weather-Proof Enclosure	<input type="checkbox"/>	<input type="checkbox"/>

BATHHOUSE

	S	U	N/A
34. Floors / Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. General Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER

	S	U	N/A
36. Adequate Enclosures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Ladders / Steps / Handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Diving Boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

THIS IS A SAMPLE FORM. THIS CANNOT BE USED AS AN OFFICIAL FORM.

Inspected By _____

Date _____

Received By _____