



## Public Swimming Pool Inspection Form

As Governed by Title 50, Chapter 53, Montana Code Annotated (MCA) and the Administrative Rules of Montana (ARM): Title 37, Chapter 115.

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**Circular FCS 3-2018 Acceptable Ranges**

**FC Stabilized 2-10ppm; FC Unstabilized 1-10ppm; FC Spa 3-10ppm; Br 3-8ppm; Br Spa 4-8ppm; pH 7.2-7.8; CC  $\leq$  0.4ppm; TA 60-180ppm; CaH  $\leq$  1,000ppm; CYA  $\leq$  50ppm; ORP  $\geq$  650mv**

Inspection Results														
		Bold= Critical		IN = In compliance		OUT = Not In compliance	N/A = Not Applicable	N/O = Not Observed						
#	Compliance Status			Categories			#	Compliance Status			Categories			
<b>Water Quality</b>									<b>Record Keeping</b>					
01	IN	OUT	N/A	N/O	<b>Disinfectant Residual</b>			17	IN	OUT	N/A	N/O	Approved Forms	
02	IN	OUT	N/A	N/O	<b>pH (close when &lt; 6.5 or &gt; 8.0)</b>			18	IN	OUT	N/A	N/O	Water Chemistry Logs; Frequency	
03	IN	OUT	N/A	N/O	<b>Water Clarity</b>			19	IN	OUT	N/A	N/O	Serious Injury or Death Logs	
04	IN	OUT	N/A	N/O	<b>Temperature</b>			20	IN	OUT	N/A	N/O	Fecal and Vomit Incident Logs	
05	IN	OUT	N/A	N/O	Total Alkalinity			21	IN	OUT	N/A	N/O	Maintenance Logs	
06	IN	OUT	N/A	N/O	Combined Chlorine; Cyanuric Acid			22	IN	OUT	N/A	N/O	Training Certificates	
07	IN	OUT	N/A	N/O	Approved Test Kit; Expiration; Calibration			23	IN	OUT	N/A	N/O	VGB Documentation; Date / /	
<b>Required Personnel</b>									24	IN	OUT	N/A	N/O	Staffing Plan; Zone of Patron Surveillance
08	IN	OUT	N/A	N/O	<b>Lifeguards/Attendants</b>			<b>Facility</b>						
09	IN	OUT	N/A	N/O	Certified Pool Operator			25	IN	OUT	N/A	N/O	Water Supply; Waste Disposal	
<b>Recirculation / Filtration / Disinfection</b>									26	IN	OUT	N/A	N/O	Facility Safe, Clean and Sanitary
10	IN	OUT	N/A	N/O	<b>VGB Compliance</b>			27	IN	OUT	N/A	N/O	Restrooms, Showers, Changing Rooms	
11	IN	OUT	N/A	N/O	<b>Filtration Systems</b>			28	IN	OUT	N/A	N/O	Decks	
12	IN	OUT	N/A	N/O	<b>Recirculation Systems</b>			29	IN	OUT	N/A	N/O	Signage	
13	IN	OUT	N/A	N/O	Disinfection Systems			30	IN	OUT	N/A	N/O	Diaper Changing Station	
14	IN	OUT	N/A	N/O	Flow Meter			31	IN	OUT	N/A	N/O	Facility Enclosure	
<b>Safety</b>									32	IN	OUT	N/A	N/O	Adequate Ventilation
15	IN	OUT	N/A	N/O	Chemicals Storage; SDS; Safe Use			33	IN	OUT	N/A	N/O	Depth Markers; Stair Stripes; Spa Clock; etc	
16	IN	OUT	N/A	N/O	Safety Equipment; First Aid Kit			34	IN	OUT	N/A	N/O	Current License Posted	

## Inspection Results

**Bold= Critical (\*) OUT = Not In compliance R = Repeat COS = Corrected on Site**

CPO Name: \_\_\_\_\_ CPO Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ CPO Phone Number: \_\_\_\_\_

### Remarks:

Inspector:	Received by:	<b>This Section To Be Completed By Inspector</b>
Phone:	Title:	Follow Up: Yes <input type="checkbox"/> No <input type="checkbox"/> Compliance <input type="checkbox"/> Closure <input type="checkbox"/> Re-Inspection <input type="checkbox"/>
Email:		