



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.

Establishment:			Number of Repeat Violations:		Date: ____ / ____ / ____								
Address:			County:		Time In ____ Time Out ____								
City:	Montana	Zip:	Indoor ____ Outdoor ____ Seasonal ____ Pool ____ Spa ____ Splash Deck ____ Hot Spring ____ Wading Pool ____ Other ____										
Establishment Owner:													
Establishment Telephone:		Email:											
Purpose of Inspection: Routine ____ Critical Point ____ Follow-Up ____ Pre-Opening ____ Complaint ____													
License #	pH	Cl Br	Free	Combined	CYA	T.A.	Flow	Volume	Turnover	Temp	CaH	Sat. Index	ORP
ppm (mg/L)													
A.													
B.													
C.													
D.													
E.													

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 ≤ 0.4ppm; TA 60-180ppm; CaH ≤ 1,000ppm; CYA ≤ 50ppm; ORP ≥ 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
Water Quality						Record Keeping							
01	IN	OUT	N/A	N/O	Disinfectant Residual	17	IN	OUT	N/A	N/O	Approved Forms		
02	IN	OUT	N/A	N/O	pH (close when < 6.5 or > 8.0)	18	IN	OUT	N/A	N/O	Water Chemistry Logs; Frequency		
03	IN	OUT	N/A	N/O	Water Clarity	19	IN	OUT	N/A	N/O	Serious Injury or Death Logs		
04	IN	OUT	N/A	N/O	Temperature	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 ____ / ____ / ____		
Required Personnel						24	IN	OUT	N/A	N/O	Staffing Plan; Zone of Patron Surveillance		
08	IN	OUT	N/A	N/O	Lifeguards/Attendants	Facility							
09	IN	OUT	N/A	N/O	Certified Pool Operator	25	IN	OUT	N/A	N/O	Water Supply; Waste Disposal		
Recirculation / Filtration / Disinfection						26	IN	OUT	N/A	N/O	Facility Safe, Clean and Sanitary		
10	IN	OUT	N/A	N/O	VGB Compliance	27	IN	OUT	N/A	N/O	Restrooms, Showers, Changing Rooms		
11	IN	OUT	N/A	N/O	Filtration Systems	28	IN	OUT	N/A	N/O	Decks		
12	IN	OUT	N/A	N/O	Recirculation Systems	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		
Safety						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						
#	A/B/C	Code Reference	*	R COS	Location / Feature #	Out of Compliance Description/Corrective Action/Date

CPO Name: _____ CPO Expiration Date: ____/____/____ CPO Phone Number: _____

Remarks:

Inspector:	Received by:	This Section To Be Completed By Inspector Follow Up: Yes ____ No ____ Compliance ____ Closure ____ Re-Inspection ____
Phone:	Title:	
Email:		