



Department of Health & Human Services

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SWIMMING POOL SEASONAL OPENING CHECKLIST

This checklist is a self-inspection guide to complete prior to seasonal opening. All items must be in compliance to allow the pool to be opened prior to an inspection by Oakland County Health Division (OCHD). If an item is **not** in compliance, indicate the action taken to resolve it. Then, call your sanitarian to discuss the next course of action.

A completed self-assessment form (page 3 of this document) must be submitted to one of the OCHD offices. Please completely fill out the form – **the license number and address are required.**

Upon receipt of the completed self-assessment showing that all items are in compliance, the pool may be given approval to open prior to the sanitarian's seasonal opening inspection. **Pools that were closed by OCHD for any reason during the previous season will not be allowed to open prior to an opening inspection by OCHD.**

- _____ Submitted an acceptable water result from a DEQ certified lab to OCHD dated within the last thirty (30) days.
- _____ Contingency and emergency plans updated for current swimming pool season and are available on site for review.
- _____ Previous violations corrected (check last season's reports).
- _____ Water Quality: Chlorine residuals stable at 1.0-3.0 ppm; Bromine levels at 2.0-3.0 ppm; Chlorinated isocyanurates (stabilized chlorine) at 2.0-4.0 ppm; pH between 7.2-7.5; Main drains visible from 30 feet away.

Note: Higher residuals are recommended when bather loads are high.
- _____ Pool sides and bottom clean and in good condition.
- _____ Gutters or skimmers function (weirs or double baskets present). 80% of the total flow should come from the skimmers with only 20% from the main drain.
- _____ Main drains are in place and secure with no broken slats.
- _____ Signs are posted: Bather load limit and "No Lifeguard on Duty" (4 inch letters, if required). Operating rules and operator's location or phone number are posted.
- _____ Spa pools must post "Health Hazards" and "No Alcohol Consumption" signs
- _____ Pumps and filters must work properly. Safety equipment (mask, eyewash) must be available for handling chemicals and diatomaceous earth.
- _____ Chlorinator or brominator is functioning properly.
- _____ Vacuum/pressure gauges at or near the filter are working properly.

- _____ Extra strainer basket, extra cartridge filter (if applicable) and extra skimmer baskets available.
- _____ Flow meter functioning properly and flow rate adequate for turnover rate.
- _____ DPD test kit complete and fresh chemicals supplied. When stabilized chlorine is used, cyanuric acid test kits must be available and used weekly.
- _____ Fencing is four feet high with self-closing, self-latching gate in good repair. No footholds or holes (less than 4 inch openings) are evident.
- _____ No access to pool except through a bathhouse or past a footspray/shower.
- _____ If lifeguards are required, current credentials are available for review.
- _____ Pool deck surfaces are clean. No trip hazards exist and deck is sloped to drain. The space between deck and coping is properly sealed.
- _____ Foot spray, shower, hose bibs and drinking fountain are working and in good repair. The shower has hot water (at least 90°F).
- _____ Vacuum breakers are provided at hose connections. The backwash line has an air gap as required.
- _____ Depth markers and “No Diving” signs are in 4 inch contrasting colored letters with FT or INCH unit marks on all depth markings.
- _____ Water inlets are operational and positioned downward
- _____ Lifeline is in place where water is 5 feet deep and/or water has a rapid change in slope. Bottom of pool must also be marked with a line that extends up the sides of pool. Steps and underwater ledges/seats must be marked at the edge of each step.
- _____ Ladders and railings are secure and slip resistant.
- _____ Safety equipment is kept inside pool enclosure and all pieces are in good condition.
- _____ Emergency telephone is in pool enclosure and available during pool operating hours. Name, address and dialing directions are available at telephone. Telephone’s proper operation has been verified.
- _____ Vacuum hose is available and in good repair.
- _____ Bathhouse and equipment are in good repair. Plumbing is operational; floors and walls are smooth and easily cleanable; soap and hand drying devices are available, hot water above 90°F is provided.
- _____ Chemical storage is adequate, safe and meets the MSDS storage requirements of each chemical used.
- _____ Blank operation reports are on site. Note: After opening, complete operation reports three times daily.



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Swimming Pool Operator Seasonal Self-Assessment

Those pool operators who complete and submit the following requirements may be allowed to open prior to the sanitarian's official opening inspection. All of the items **MUST** be in compliance to allow an opening prior to the Oakland County Health Division (OCHD) inspection. A completed self-assessment form must be submitted for **EACH** pool (spa, swimming, wade, etc.) that will be opened prior to the seasonal opening inspection. **Pools that were closed by OCHD for any reason during the previous season will not be allowed to open prior to an opening inspection by OCHD.**

Operators are encouraged to take advantage of this opportunity. OCHD review and approval of this self-assessment is the only way to start your pool season prior to an opening inspection. **This completed form must be submitted to one of the Health Division offices. Please complete all parts of the form – the license number and address are required.**

Answer yes or no to the following:

- _____ I have posted the current DEQ Swimming Pool License in a conspicuous location.
- _____ I have paid the annual OCHD inspection fee (for each pool).
- _____ I have submitted an acceptable water result from a DEQ certified lab to OCHD, dated within the last thirty (30) days.
- _____ I have reviewed OCHD Swimming Pool Seasonal Opening Checklist; submit page 3 only.
www.oakgov.com/health/assets/Documents/EH/eh_pools_opening_checklist.pdf
- _____ I have addressed any and all outstanding violations from the previous year's seasonal inspection.

I certify that I have reviewed the above information. To the best of my knowledge, all items are in compliance with DEQ 2004 Public Swimming Pool Rules for the facility described below.

Operator signature: _____ Date: ___/___/___

Operator name (printed) _____ Telephone: (____) _____

Fax: (____) _____ E-Mail: _____

Facility Name _____ License/SP No. 63-_____

Address _____ City/ Township _____

Anticipated Opening Date: ___/___/___ Chlorine___ Bromine___ pH___

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Sanitarian: _____ Date: ___/___/___

Is Lifeguard provided, if required? YES _____ NO _____

Comments: _____

Approved: YES _____ NO _____

The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and federal eligibility requirements apply for certain programs.

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