



SWIMMING POOL OPENING CHECKLIST 2009

This attached checklist is a self-inspection guide to complete prior to seasonal opening. Those pool operators who complete and submit the checklist and acceptable water sample to the appropriate Health Division office may be allowed to open prior to the sanitarian's official opening inspection. The completed form must be submitted to one of the Health Division offices (addresses and phone numbers are listed at the bottom of this page). Please complete all parts of the form – the license number and address are especially critical.

All of the items must be in compliance to allow an early opening date. 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.

Upon receipt of the completed checklist showing that all items are in compliance, the pool may open prior to the sanitarian's official opening inspection. A completed checklist must be submitted for **each** pool where early opening is desired (spa, swimming, wade, etc.).

Operators are always encouraged to take advantage of this opportunity by planning ahead. If a timely inspection is not practical, this checklist is the next best alternative.



SWIMMING POOL OPENING CHECKLIST

FACILITY NAME _____ LICENSE NO. 63-_____

ADDRESS _____ CITY/TOWNSHIP _____

POOL OPENING DATE: ___/___/___ POOL CLOSING DATE: ___/___/___

This is a self-inspection guide that must be completed prior to calling for approval to open. Please complete one checklist for **each** licensed swimming, spa, wade or other type of pool. **Note:** If you have specific concerns about this checklist, contact the Oakland County Health Division (OCHD) before submittal.

_____ MDEQ license is available for review and all licensing fees have been paid.

_____ OCHD inspection fee is paid.

_____ Submit a safe water sample to the OCHD Lab or provide OCHD with acceptable results from an MDEQ certified lab.

_____ 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.



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- _____ 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 are 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.



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Facility Name: _____

_____ Foot spray, shower, hose bibs and drinking fountain are working and in good repair. The shower has hot water (At least 90 degrees).

_____ 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 intact .

_____ 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, use operational reports three times daily.



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Facility Name: _____

I certify that I have reviewed the above information. To the best of my knowledge, all items are in compliance with MDEQ 2004 Public Swimming Pool Rules laws for the facility described at the top of this checklist.

Operator signature: _____ Date: ___/___/___

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

Fax: (____) _____ Emergency After Hours Telephone: (____) _____

E-Mail: _____

Section Below Reserved for Environmental Health Services

Sanitarian: _____ Date: ___/___/___

Comments: _____

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.

1200 N. TELEGRAPH
PONTIAC MI. 48341-0432
(248) 858-1312
FAX (248) 452-9758

27725 GREENFIELD RD.
SOUTHFIELD MI 48076-3625
(248) 424-7191
FAX (248) 424-7115

1010 E. WEST MAPLE RD.
WALLED LAKE, MI 48390-3588
(248) 926-3305
FAX (248) 960-7444