RECREATIONAL WATERS SURVEY – TREATED WATER (ANNUAL / PRE-OPENING)

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1. Facility Name/Aquatic Venue	2. Installation	3. Open Year Round? ☐	4. Max Bather Load

5. Venue Type	◯ Indoor ◯ Outdoor	◯ Chlorine ◯ Bromine	◯ Ozone ◯ UV ◯ Other

Volume	Pump Name	Filter Name	Filter Media Type

6. Inspector	a. Name and Rank	b. Phone	c. Email

d. Unit/Organization	7. Start Time	8. End Time	9. Date *(YYYYMMDD)*

10. Person in Charge (PIC)	a. Full Name	b. Phone	c. Official Email

11. Compliance Status *(an asterisk * indicates a CRITICAL deficiency; a carrot ^ indicates results documented after completion of test)*

Circle "N" to indicate the item was NOT in compliance; Circle N/O for items not observed or N/A for not applicable. For items that are OUT of compliance, mark "X" in the appropriate box for COS (corrected on-site during the inspection) and R (repeat violation from previous inspection.)

Pts		Venue Water Quality	COS	R
5	Y N N/A N/O	(Outdoor only) Cyanuric acid used. Level satisfactory ☐ ppm		
X	Y N N/A N/O	Pool has a deep end		
10*	Y N N/A N/O	If yes, Disinfectant level in shallow end satisfactory: ☐ ppm		
	Y N N/A N/O	If yes, Disinfectant level in deep end satisfactory: ☐ ppm		
10*	Y N N/A N/O	If no, Disinfectant level is satisfactory: ☐ ppm		
10*	Y N N/A N/O	pH level is satisfactory (ideal is 7.2 – 7.8)		
5	Y N N/A N/O	Combined chlorine level is satisfactory ☐ ppm		
5	Y N N/A N/O	Total Alkalinity level is satisfactory ☐ ppm		
5	Y N N/A N/O	Calcium Hardness level is satisfactory ☐ ppm		
10*^	Y N N/A N/O	Heterotrophic Plate Count (HPC) level is satisfactory ☐ CFU/mL		
X	Y N N/A N/O	Total coliforms level is satisfactory ☐ MPN/100mL (for defined substrate)		
X	Y N N/A N/O	Staphylococci level is satisfactory ☐ CFU/mL		
X	Y N N/A N/O	*P. aeruginosa* level is satisfactory ☐ CFU/mL		
		Venue Equipment/Chemical Room		
10	Y N N/A N/O	Chemical feeders operable		
5	Y N N/A N/O	Automatic controller operable		
5	Y N N/A N/O	Flow meter present and operating		
10	Y N N/A N/O	Recirculation pump: approved, good repair, operating		
		Pump Flow Rate ☐		
10	Y N N/A N/O	Filter: approved, good repair, operating		
		Influent pressure gauge ☐ psi Effluent pressure gauge ☐ psi		
5	Y N N/A N/O	Pump strainer: baskets in good condition, not clogged		
5	Y N N/A N/O	Filter gauges operable: filter inlet and outlet, strainer; sight glass		
5	Y N N/A N/O	Chlorine gas room in good repair, safety measures in place		
5	Y N N/A N/O	Piping and valves identified and marked		

Pts		Venue Surrounding Area	COS	R
10*	Y N N/A N/O	Underwater lights operational and maintained as designed		
5	Y N N/A N/O	Safety line separating the shallow and deep ends		
5	Y N N/A N/O	Skimmers: weirs and baskets installed; clean and operating; covers in good repair		
5	Y N N/A N/O	Recirculation inlets functional		
10*	Y N N/A N/O	Main drain grate secured in place and in good repair		
10*	Y N N/A N/O	Water is clear, main drain visible		
10	Y N N/A N/O	Water temperature is <104°F (40°C)		
5	Y N N/A N/O	Surfaces (walls and floors) easily cleaned and in good repair		
5	Y N N/A N/O	"No diving" markers; stair stripes; in good repair and visible		
5	Y N N/A N/O	Depth markers marked in sufficient increments, in good repair and visible		
5	Y N N/A N/O	Grab rails, ladders secured and in good repair		
5	Y N N/A N/O	Approved water supply source		
5	Y N N/A N/O	Appropriate backflow preventers in place to protect against potential cross-connections		
		Venue Records		
5	Y N N/A N/O	Chemical and operational records; filled out daily		
5	Y N N/A N/O	Chemical records: evidence of corrective steps promptly taken when necessary		
5	Y N N/A N/O	SDS Onsite		
		Facility Equipment/Chemical Room		
5	Y N N/A N/O	Chemicals: labeled, stored safely, secured		
5	Y N N/A N/O	Appropriate Personal Protective Equipment (PPE) available		
5	Y N N/A N/O	Vacuum hose is in good repair		
		Hygiene Facilities		
5	Y N N/A N/O	Diaper-changing station present; sink, adjacent trash can, sanitizer		
5	Y N N/A N/O	Toilets: clean, good repair, bathroom appropriately stocked		
5	Y N N/A N/O	Showers: Warm, non-scalding water available; good repair; soap		

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12. Facility Name	**13. Installation**	**14. Date**

		Facility Surrounding Area	**COS**	**R**
10*	*Y N N/A N/O*	Enclosure: fencing, walls, gates and doors in good repair		
10*	*Y N N/A N/O*	Self-closing/Self-latching gates or doors operational		
10*	*Y N N/A N/O*	Protected overhead electrical wires/GFCI electrical receptacles		
5	*Y N N/A N/O*	Pool deck nonslip, easily maintained surface free from obstructions; emergency exit marked		
5	*Y N N/A N/O*	Starting blocks removed, covered, or access blocked		
5	*Y N N/A N/O*	First Aid Kit and AED available		
10*	*Y N N/A N/O*	Appropriate safety equipment present and in good repair		
10*	*Y N N/A N/O*	Adequate number of lifeguards		
5	*Y N N/A N/O*	Deck in good repair, no tripping hazards		

		Facility Surrounding Area	**COS**	**R**
5	*Y N N/A N/O*	Spectators/tables/chairs 10 ft from edge of the pool		
5	*Y N N/A N/O*	Diving boards, slides, and other equipment constructed of approved materials and appropriately placed to avoid injury		
5	*Y N N/A N/O*	Signs: Bather load/rules/chemicals/spa legible and in good repair		
5	*Y N N/A N/O*	Adequate number of toilets, showers and drinking fountains		
5	*Y N N/A N/O*	Well-marked emergency phone available with emergency numbers		
5	*Y N N/A N/O*	Adequate number of covered trash cans		
		General		
10*	*Y N N/A N/O*	Facility free of other imminent health hazards		
5	*Y N N/A N/O*	No substantial unauthorized alterations/equipment replacement		

15. Number and Type of Violations			**16. Inspection Rating** *(Check one)*		
	a. Critical				Passed
	b. Non-critical				Failed *(Provide date scheduled for follow-up)*

Inspection Rating Criteria:	
Passed = 75% or greater	Failed = One or more Critical findings not COS, or If Pre-operational, any findings not COS, or Total Score of < 75%, or Score from any single venue <75%

Numeric Inspection Score Calculation:

$$\frac{\text{Total compliance points} - \text{total noncompliance points}}{\text{Total compliance points}} = \text{numeric inspection score (\%)}$$

1. Determine total compliance points: subtract all N/A and N/O answers from maximum possible compliance points to calculate **total compliance points**
   a. Maximum possible compliance points for an outdoor aquatic venue + facility = 360 (single venue alone = 215)
   b. Maximum possible compliance points for an indoor aquatic venue + facility = 355 (single venue alone = 210)
2. Determine total noncompliance points: subtract all "No" answers from the calculated total compliance points to calculate **total noncompliance points**
3. Subtract total noncompliance points from total compliance points and divide difference by total compliance points

For any additional outdoor aquatic venues, add 215 to the maximum possible compliance points for each
For any additional indoor aquatic venues, add 210 to the maximum possible compliance points for each

17. Remarks *(Observations and Corrective Actions)*

Summary of findings and recommended corrective actions.

18. Signature Signature on this form represents acknowledgement that the person in charge has been briefed on the deficiencies noted, corrective actions and time frame for completion, the final inspection rating, and date scheduled for follow-up inspection *(failed ratings only)*.

a. Inspector Signature	b. Date Signed
c. Person in Charge Signature	d. Date Signed

INSTRUCTIONS FOR MARKING THE RECREATIONAL WATERS – TREATED WATER ANNUAL / PRE-OPERATIONAL SURVEY

Each survey/inspection should include a copy of page 1 for each aquatic venue with the venue specific questions answered for each venue and the facility specific items only answered once per inspection.

1. FACILITY NAME/AQUATIC VENUE. Name of the Recreational Water Facility and Associated Venue being inspected. With one pool, this may be the same name.
2. INSTALLATION. Provide the name of the military installation or camp where the venue is located.
3. OPEN YEAR ROUND? Check the box if the venue is not seasonal
4. MAX BATHER LOAD. Maximum for the aquatic venue being inspected
5. VENUE TYPE. Select the type of venue (swimming pool, spa/hot tub, wave pool, lazy river, surf pool, waterslide landing pool, therapy pool, wading pool or spray pad), indicate whether the venue is outdoor or indoor, and select the primary and secondary disinfectant types. Provide the volume is in either cubic feet, cubic meters or gallons. Provide the pump name, filter name and filter media type
6. INSPECTOR. Provide the full name (and military rank), phone number with area code, official e-mail, and assigned unit of the person conducting the inspection.
7. START TIME. Time the inspection began; use 24-hour clock notation.
8. END TIME. Time the inspection officially ended; use 24-hour clock notation.
9. DATE. As stated
10. PERSON IN CHARGE (PIC). Provide the full name (and military rank), phone number with area code, and official e-mail of the PIC who accompanied the inspector.
11. COMPLIANCE STATUS. Circle "N" to indicate the item was NOT in compliance, N/O for items not observed, or N/A for not applicable. For items that are OUT of compliance but corrected onsite, mark "X" in the appropriate box for COS (corrected on-site during the inspection). "R" indicates a repeat violation from previous inspection.
12. FACILITY NAME. As stated. (Should match first page)
13. INSTALLATION. (Should match first page)
14. DATE. As stated. (Should match first page)
15. NUMBER AND TYPE OF VIOLATIONS. Provide the total number of "critical" deficiencies and "non-critical" deficiencies found during the inspection. Do not mark the box if no deficiencies were noted.
16. INSPECTION RATING. Using the "inspection rating criteria" on page 2 of the form, place an "X" in the box to indicate the overall level of compliance for the facility. If a "failed" rating is assessed, provide the date in which a follow-up inspection will be conducted. The numeric calculation will vary depending on how many venues are present and inspected.
17. REMARKS. Briefly describe specific observations for deficiencies if necessary
18. SIGNATURE. The inspector and PIC sign and date the form after reviewing inspection findings, the facility inspection rating, remediation actions, and the scheduled follow-up date *(for failed inspection ratings only.)*

Page Number. Indicate the page number and total number of pages starting on page 1 and on subsequent pages containing inspection data.

Water Quality Parameters

Parameter	Acceptable Recreational Water Quality Results
Cyanuric acid	0-50 mg/L
Free available chlorine (deep/shallow end)	1.0-5.0 mg/L
Bromine (deep/shallow end)	3.0-4.0 mg/L
Free chlorine if cyanuric acid is used	2.0-5.0 mg/L
Free chlorine if venue is a spa or therapy pool	3.0-10.0 mg/L
Bromine if venue is a spa or therapy pool	6.0 mg/L
pH	7.2-7.8
Combined chlorine	0.0- 0.4 mg/L
Total alkalinity	60-180 mg/L
Calcium hardness	150-400 mg/L
Calcium hardness if venue is a spa or therapy pool	100-800 mg/L
Heterotrophic plate count (HPC)	≤200 CFU/mL
Total coliforms (by method)	Defined substrate: 0 Membrane filtration: < 2 CFU/100 mL Multiple tube fermentation: 0
Staphylococci	≤ 50 CFU/100 mL
P. aeruginosa	< 1 CFU/100 mL
E. coli (freshwater)	≤235 CFU/100 mL
Enterococci (freshwater and marine)	≤70 CFU/100 mL

Turnover Time Guidelines

Aquatic Venue Type	Volume (gal)	Max Hrs Army	Max Hrs Navy
Swimming pool, military training Pool	<200,000	4	6
	≥200,000	5	6
Wading pool	All	0.5	1
Spa	<10,000	0.25	0.5
	≥10,000	0.5	.05
Therapy pool	All	0.5	3
Catch/plunge pool	All	1	1
Water slide	All	1	1
Spray pad	All	0.17	0.5
Action river; vortex pool	<100,000	1	2
	≥100,000	1.5	2
Wave pool	<750,000	1.5	2
	≥750,000	2	2
Activity pool	<100,000	1	2
	≥100,000	1.5	2
Multi-level play attractions	All	0.25	0.5