

RECREATIONAL WATERS SURVEY – TREATED WATER (ROUTINE)											Page ___ of ___				
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 Observed Bathers				COS	R	Pts	Y	N	N/A	N/O	Venue Equipment/Chemical Room		COS	R
10*	Observed bather level acceptable # of bathers observed during inspection						10					Chemical feeders operable			
	Y N N/A N/O Venue Water Quality						5					Automatic controller operable			
5		(Outdoor only) Cyanuric acid used. Level satisfactory ppm					5					Flow meter present and operating			
X		Pool has a deep end					10					Recirculation pump: approved, good repair, operating			
10*		If yes, disinfectant level in shallow end satisfactory: ppm										Pump Flow Rate			
10*		If yes, disinfectant level in deep end satisfactory: ppm					10					Filter: approved, good repair, operating within appropriate parameters			
10*		If no, disinfectant level is satisfactory: ppm										Influent pressure gauge psi Effluent pressure gauge psi			
10*		pH level is satisfactory (ideal is 7.2 – 7.8)					5					Pump strainer: baskets in good condition, not clogged			
5		Combined chlorine level is satisfactory ppm					5					Filter gauges operable: filter inlet and outlet, strainer; sight glass			
5		Total alkalinity level is satisfactory ppm					5					Chlorine gas room in good repair, safety measures in place			
5		Calcium hardness level is satisfactory ppm						Y N N/A N/O Facility Surrounding Area							
10*^		Heterotrophic plate count (HPC) level is satisfactory CFU/mL					10*					Enclosure: fencing, walls, gates and doors in good repair			
X		Total coliforms level is satisfactory MPN/100mL (for defined substrate)					10*					Self-closing/Self-latching gates or doors operational			
X		Staphylococci level is satisfactory CFU/mL					10*					Protected overhead electrical wires/GFCI electrical receptacles			
X		P. aeruginosa level is satisfactory CFU/mL					5					Pool deck nonslip, easily maintained surface free from obstructions; emergency exit marked			
	Y N N/A N/O Venue Surrounding Area						5					Starting blocks removed, covered, or access blocked			
10*		Underwater lights operational and maintained as designed					5					First Aid Kit and AED available			
5		Safety line separating the shallow and deep ends					10*					Appropriate safety equipment present and in good repair			
5		Skimmers: weirs and baskets installed; clean and operating; covers in good repair					10*					Adequate number of lifeguards			
5		Recirculation inlets functional						Y N N/A N/O Hygiene Facilities							
10*		Main drain grate secured in place and in good repair					5					Diaper-changing station present; sink, adjacent trash can, sanitizer			
10*		Water is clear, main drain visible					5					Toilets: clean, good repair, bathroom appropriately stocked			
10		Water temperature is <104°F (40°C)					5					Showers: Warm, non-scalding water available; good repair; soap			
	Y N N/A N/O Venue Records							Y N N/A N/O General							
5		Chemical and operational records; filled out daily					10*					Facility free of other imminent health hazards			
5		Chemical records: evidence of corrective steps promptly taken when necessary													

RECREATIONAL WATERS SURVEY – TREATED WATER (ROUTINE)				Page ____ of ____
12. Facility Name		13. Installation		14. Date
15. Number and Type of Violations	a. Critical		16. Inspection Rating (Check one)	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 Total Score of < 75%, or Score from any single venue <75%	
<p>Numeric Inspection Score Calculation:</p> <p style="text-align: center;"><u>Total compliance points – total noncompliance points = numeric inspection score (%)</u> Total compliance points</p> <ol style="list-style-type: none"> 1. Determine total compliance points: subtract all N/A and N/O answers from maximum possible compliance points to calculate total compliance points <ol style="list-style-type: none"> a. Maximum possible compliance points for an outdoor aquatic venue + facility = 280 (single venue alone = 190) b. Maximum possible compliance points for an indoor aquatic venue + facility = 275 (single venue alone = 185) 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 <p>For any additional outdoor aquatic venues, add 190 to the maximum possible compliance points for each For any additional indoor aquatic venues, add 185 to the maximum possible compliance points for each</p>				
17. Remarks (Observations and Corrective Actions)				
Summary of findings and recommended corrective actions.				
<p>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 (<i>failed ratings only</i>).</p>				
a. Inspector Signature			b. Date Signed	
c. Person in Charge Signature			d. Date Signed	

INSTRUCTIONS FOR MARKING THE RECREATIONAL WATERS – TREATED WATER ROUTINE SURVEY
 Instructions for completing this form are provided in TB MED 575 (Army) and NAVMED P-5010-4 (Navy)

<p>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.</p> <p>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.</p> <p>2. INSTALLATION. Provide the name of the military installation or camp where the venue is located.</p> <p>3. OPEN YEAR ROUND?. Check the box if the venue is not seasonal</p> <p>4. MAX BATHER LOAD. Maximum for the aquatic venue being inspected</p> <p>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 in either cubic feet, cubic meters or gallons. Provide the pump name, filter name and filter media type</p> <p>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.</p> <p>7. START TIME. Time the inspection began; use 24-hour clock notation.</p> <p>8. END TIME. Time the inspection officially ended; use 24-hour clock notation.</p> <p>9. DATE. As stated</p> <p>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.</p>	<p>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.</p> <p>12. FACILITY NAME. As stated. (Should match first page)</p> <p>13. INSTALLATION. (Should match first page)</p> <p>14. DATE. As stated. (Should match first page)</p> <p>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.</p> <p>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.</p> <p>17. REMARKS. Briefly describe specific observations for deficiencies, if necessary.</p> <p>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.)</p> <p><i>Page Number. Indicate the page number and total number of pages starting on page 1 and on subsequent pages containing inspection data.</i></p>
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Water Quality Parameters (TB MED 575)

Turnover Time Guidelines (TB MED 575 & NAVMED P-5010-4)

Parameter	Acceptable Recreational Water Quality Results	Aquatic Venue Type	Volume (gal)	Max Hrs Army	Max Hrs Navy
Cyanuric acid	0-50 mg/L	Swimming pool, military training pool	<200,000	4	6
Free available chlorine (deep/shallow end)	1.0-5.0 mg/L		≥200,000	5	6
Bromine (deep/shallow end)	3.0-4.0 mg/L	Wading pool	All	0.5	1
Free chlorine if cyanuric acid is used	2.0-5.0 mg/L	Spa	<10,000	0.25	0.5
Free chlorine if venue is a spa or therapy pool	3.0-10.0 mg/L		≥10,000	0.5	.05
Bromine if venue is a spa or therapy pool	6.0 mg/L	Therapy pool	All	0.5	3
pH	7.2-7.8	Catch/plunge pool	All	1	1
Combined chlorine	0.0- 0.4 mg/L	Water slide	All	1	1
Total alkalinity	60-180 mg/L	Spray pad	All	0.17	0.5
Calcium hardness	150-400 mg/L	Action river; vortex pool	<100,000	1	2
Calcium hardness if venue is a spa or therapy pool	100-800 mg/L		≥100,000	1.5	2
Heterotrophic plate count (HPC)	≤200 CFU/mL	Wave pool	<750,000	1.5	2
Total coliforms (by method)	Defined substrate: 0 Membrane filtration: < 2 CFU/100 mL Multiple tube fermentation: 0		≥750,000	2	2
Staphylococci	≤ 50 CFU/100 mL	Activity pool	<100,000	1	2
<i>P. aeruginosa</i>	< 1 CFU/100 mL		≥100,000	1.5	2
<i>E. coli</i> (freshwater)	≤235 CFU/100 mL	Multi-level play attractions	All	0.25	0.5
Enterococci (freshwater and marine)	≤70 CFU/100 mL				