

RECREATIONAL WATERS SURVEY – NATURAL BATHING											Page ___ of ___								
1. Facility Name/Aquatic Venue						2. Installation													
3. Inspection Type (Check one) Routine Pre-opening/Annual						4. Start Time		5. End Time		6. Date (YYYYMMDD)									
7. Inspector		a. Name and Rank				8. Secondary Water Type Fresh Marine													
b. Unit/Organization						c. Phone		d. Email											
9. Person IN Charge (PIC)		a. Full Name				b. Phone		c. Official Email											
10. 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	Pts	Surrounding Area					COS	R				
10*^	E. coli level is Satisfactory		CFU/100 mL					5	Y	N	N/A	N/O	Beach area clean						
	OR																		
	Enterococci level is Satisfactory		CFU/100 mL																
Local Field Data																			
	Observed Number of people on the beach							5	Y	N	N/A	N/O	Swimming area clearly marked						
	Approximate rainfall previous 24 hrs inches							5	Y	N	N/A	N/O	Lifeguards: unobstructed view of the entire designated swimming perimeter, clear view of swimmers						
	Temperature	°C	°F					10*	Y	N	N/A	N/O	First Aid Kit and AED available						
	Wind Direction	N	NE	E	SE	S	SW	W	NW			10*	Y	N	N/A	N/O	Appropriate safety equipment present & in good repair		
Potential Pollution Sources (Annual only)						Yes	No	Surrounding Area (Annual only)											
	Natural bathing area has the potential to be effected by ANY potential source of pollution (e.g. CSO, SSO, industrial discharge or storm water)							5	Y	N	N/A	N/O	Well-marked emergency phone available with emergency numbers						
	Combined sewer overflow discharge location potentially impacting beach							5	Y	N	N/A	N/O	Adequate number of covered trash cans						
	Sanitary sewer overflow discharge location potentially impacting beach							5	Y	N	N/A	N/O	Adequate water circulation						
	Industrial wastewater discharge location potentially impacting beach							5	Y	N	N/A	N/O	Minimum depth of sand on beach is 20-24 in						
	Storm water pipe/runoff discharge potentially impacting beach							5	Y	N	N/A	N/O	Adequate number of lifeguards						
Floatables, Litter and Algae																			
	Amount of floatables found at beach None Low Moderate High							5	Y	N	N/A	N/O	Free of dangerous wildlife, submerged objects, drop-offs, or other physical endangerments						
	Amount of beach debris/litter on beach None Low Moderate High							5	Y	N	N/A	N/O	Free of safety hazards due to currents or tides						
	Amount of algae in nearshore water None Low Moderate High							5	Y	N	N/A	N/O	Diving boards, rafts, floats, and other recreation equipment constructed of approved materials and appropriately placed to avoid injury						
	Amount of algae on beach None Low Moderate High (check all that apply) Light green bright green dark green yellow brown other								Hygiene Facilities (Annual only)										
	Wildlife present (check all that apply) geese gulls dogs other (specify)							5	Y	N	N/A	N/O	Signs: rules/warnings/safety guidelines legible and in good repair						
General						COS	R	5	Y	N	N/A	N/O	At least one bathhouse provided for each natural bathing area						
10*	Y	N	N/A	N/O	Facility free of other imminent health hazards				5	Y	N	N/A	N/O	Bathhouse located approximately 200 feet from water's edge					
5	Y	N	N/A	N/O	No substantial unauthorized alterations/equipment replacement				5	Y	N	N/A	N/O	Floors easy-to-clean and non-slip surface; sloped for drainage					
11. Number and Type of Violations		a. Critical				12. 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 Score of < 75%							

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13. Facility Name/Aquatic Venue	14. Installation	15. Date
Numeric Inspection Score Calculation: $\frac{\text{Total compliance points} - \text{total noncompliance points}}{\text{Total compliance points}} = \text{numeric inspection score (\%)}$		
<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 a routine inspection = 60 b. Maximum possible compliance points for an annual inspection = 130 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 aquatic venues, add 50 to the maximum possible compliance points for each		
16. Remarks (Observations and Corrective Actions)		
Summary of findings and recommended corrective actions.		
17. 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>).		
a. Inspector Signature	b. Date Signed	
c. Person in Charge Signature	d. Date Signed	

INSTRUCTIONS FOR MARKING THE RECREATIONAL WATERS – NATURAL BATHING SURVEY	
<ol style="list-style-type: none"> 1. FACILITY NAME/AQUATIC VENUE. Name of the beach, lake, etc. May be the same as the Facility Name if only one venue is present. 2. INSTALLATION. Provide the name of the military installation or camp where the venue is located. 3. INSPECTION TYPE. Place an "X" in the box to indicate the type of inspection being conducted. Select only one. 4. START TIME. Time the inspection began; use 24-hour clock notation. 5. END TIME. Time the inspection officially ended; use 24-hour clock notation. 6. DATE. As stated. 7. 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. 8. SECONDARY WATER TYPE. Select one. 9. 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. 10. 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. 	<ol style="list-style-type: none"> 11. NUMBER AND TYPE OF DEFICIENCY. 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. 12. 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. When a "failed" rating is assessed, provide the date in which a follow-up inspection will be conducted. 13. FACILITY NAME/AQUATIC VENUE. (Should match first page) 14. INSTALLATION. (Should match first page) 15. DATE. As stated. (Should match first page) 16. REMARKS. Briefly describe specific observations for deficiencies if necessary. 17. 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 (<i>for failed inspection ratings only</i>). <p style="text-align: right; font-size: small;">Page Number. Indicate the page number and total number of pages starting on page 1 and on subsequent pages containing inspection data.</p>