

# Public Swimming Pool Equipment Inventory Report

Health District: \_\_\_\_\_

Name of facility		<b>Type visit</b> <input type="checkbox"/> Standard	<b>Type pool</b> <input type="checkbox"/> Pool <input type="checkbox"/> SPA <input type="checkbox"/> SUP	<b>Setting</b> <input type="checkbox"/> Wading pool <input type="checkbox"/> Zero Entry <input type="checkbox"/> Spray ground	<b>Special feature</b> <input type="checkbox"/> Kiddie slide <input type="checkbox"/> Water slide <input type="checkbox"/> Playground slide <input type="checkbox"/> Fountain <input type="checkbox"/> Rec slide <input type="checkbox"/> Other _____
Address					
City					
Insp. date (mm/dd/yy)	Insp. time	Travel time (min)			
Surface area (sf)	Volume (gallons)	Turnover rate (min) [30, 120, 240, 480, .....]			Min. required flow (gpm) [Volume/Turnover-Rate]

**Authority: OAC 3701-31-03(F)(1)** The following section shall be completed annually for each public swimming pool to verify the equipment installed and that there have been no unauthorized changes

Filter(s) #	<input type="checkbox"/> Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> DE <input type="checkbox"/> Vacuum Pressure	Make	Model #	Total filter area (sf)	Max. allowable filter flow (gpm)
(If different than above) #	<input type="checkbox"/> Sand <input type="checkbox"/> Cartridge <input type="checkbox"/> DE <input type="checkbox"/> Vacuum Pressure	Make	Model #	Total filter area (sf)	Max. allowable filter flow (gpm)
<b>Pumps</b> #	Circulation	Make	Model #	Hp	Hair/ lint strainer? <input type="checkbox"/> Yes <input type="checkbox"/> No n/a on vacuum DE filters
#	<input type="checkbox"/> Jet <input type="checkbox"/> Special feature	Make	Model #	Hp	Max. allowable flow (gpm)
#	<input type="checkbox"/> Jet <input type="checkbox"/> Special feature	Make	Model #	Hp	Max. allowable flow (gpm)
#	<input type="checkbox"/> Jet <input type="checkbox"/> Special feature	Make	Model #	Hp	Max. allowable flow (gpm)
<b>Air pump</b>	Make	Model #	Hp	The pump or a vertical air loop shall be 12 in. min. above static water level	

**Meters and Gauges:** Meters and gauges shall be properly installed and maintained in good repair at all times the pool operates.

<b>Flow meter/ Circulation</b>	<input type="checkbox"/> Flow reading <input type="checkbox"/> Pump curve	Range (gpm)	Reading (gpm)		
<b>Flow meter/ Jet/hydrotherapy</b>	<input type="checkbox"/> Flow reading <input type="checkbox"/> Pump curve	Range (gpm)	Reading (gpm)		
<b>Flow meter/ Special features</b>	<input type="checkbox"/> Flow reading <input type="checkbox"/> Pump curve	Range (gpm)	Reading (gpm)		
<b>Pressure gauge</b>	<input type="checkbox"/> Gauge on top of filter(s) Reading (psi)	<input type="checkbox"/> On pump impellor housing Reading (psi)	<input type="checkbox"/> Filter Inlet gauge Reading (psi)	<input type="checkbox"/> Filter Outlet gauge Reading (psi)	<input type="checkbox"/> Other location: Reading (psi)
<b>Vacuum gauge</b>	<input type="checkbox"/> On hair-lint strainer Reading (psi)	<input type="checkbox"/> Other location: Reading (psi)	<input type="checkbox"/> Reading (psi)		
<b>Disinfection Primary feeder</b>	<i>(Check all the apply)</i> <input type="checkbox"/> Calcium hypochlorite <input type="checkbox"/> Sodium hypochlorite <input type="checkbox"/> Bromine <input type="checkbox"/> Di-Chloro <input type="checkbox"/> Tri-Chloro <input type="checkbox"/> Salt			Make	Model #
<b>Secondary units</b>	<input type="checkbox"/> UV light <input type="checkbox"/> Ozone <input type="checkbox"/> Ionization: Copper-Silver			Make	Model #
<b>Auto chemical controller</b>	Displays pH & ORP/HRR	Make	Model #	Pump interlock/flow switch: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>pH feeder</b>	<input type="checkbox"/> Muriatic acid <input type="checkbox"/> Sulfuric acid <input type="checkbox"/> Sodium bisulfate		Make	Model#	
<b>Safety vacuum Release system</b>	Make	Model #	ODH construction inspection on file or Certificate of installation on file: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Fill water/ approved source</b>	<input type="checkbox"/> Public water supply <input type="checkbox"/> Non- community <input type="checkbox"/> Well		<input type="checkbox"/> Fill spout, line w/ air gap <input type="checkbox"/> Hose bibb w/ BFPV <input type="checkbox"/> Direct connection (see next box)	Back Flow Prevent Valve ASSE #	
<b>Waste water</b>	Discharge to sanitary sewer ? <input type="checkbox"/> Yes <input type="checkbox"/> No Discharge to Semi-public sewage disposal system? <input type="checkbox"/> Yes <input type="checkbox"/> No		Backflow protection for waste lines: <input type="checkbox"/> Yes <input type="checkbox"/> No Air gap provided? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Equipment labels are intact and legible or information is on file for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					

For equipment changes, other than IDENTICAL, an Equipment Replacement Notification report form (HEA 5234) must be submitted for approval.

Remarks			
Sanitarian/other	Phone	Operator or Representative	Phone