New Jersey Department of Health Public Health and Food Protection Program

CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES

Municipality	Local He	ority	,			Date		
Name of Public Recreational Bathing Facility								
Dates of Operation			Type of PRI			B Facility		
PRB Facility Location		Phone Number				Special I	-	Both
Owners Name and Address						Phone N	lumber	
Certified Laboratory		Phone Number			Date of Last Sample			
Trained Pool Operator		Email Address			Phone Number			
Codes: X-C	omplia	nt	P-Pending	g	N/A-No	ot Appl	icable	
		PAP	ERWORK					
TPO Certification No. and Exp. Date			Log Boo	k				
Lifeguard Certifications Current			Bonding	an	d Grounding	g (5-year	cert.)	
Pro CPR Certifications Current			Bonding	an	d Grounding	g (Town)		
Aquatics Facility Plan			CB-20 c	om	pleted and s	ubmitted		
Water Sample(s) Results			MSDS s	hee	ets for all che	emicals		
Sanitary Surveys (N.J.A.C. 8:26-7.15)			Physica	l Ha	azards inspe	ction		
	(GENER	RAL LAYO	UT				-
Emergency Phone Numbers			No Lifeg	juar	rd on Duty S	ign		
Pool/Natural Waters Rules Sign			Adult Supervision Sign					
No Diving Signs			Special Exempt Signs					
Caution Chemical Sign			Spa Clo	Spa Clock				
No Smoking Sign (Chem. Room)			Spa Rul	es				
Depth Markings			Diving F	Rule	S			
Entrance(s) Secure			Cliff Jun	nps	< 15'			
Floats and Fixed Platforms Permitted wit LHA Approval	th				for continuo water and m			
Diving stands, boards, ladders, stairs, all equipment maintained					cals stored, cturer's instr		and used	
Water slides conform to CPSC and approved by LHA and/or NJDCA					ment drain c tion on site	overs in	stalled, all	
Rope drops, cliff jumping, and aquatic ple equipment meet N.J.A.C. 5:14A-12	Rope drops, cliff jumping, and aquatic play equipment meet N.J.A.C. 5:14A-12		Pool Flo	Pool Floor (Clean and Visible)				
Surface area (Pool sq')			Turnove	r R	ate(s) (Pool))		
Volume (Pool)			Pump M	laxi	mum Flow F	Rate(Pool	l)	

CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES (Continued)

Name of Public Recreational Bathing Facility Codes: **X-Compliant** P-Pending N/A-Not Applicable EQUIPMENT **Facility Phone** Vacuum Equipment Guard (Uniform/Whistle) Skimmer Net **DPD** Test Kit # of Returns First Aid Kit Sight glass Rescue Tube(s)/LG Entrapment Issues Backboard Spa Requirements Straps Wading Pool Requirements Head Immobilizer Circulation System Shepherd Hooks Flow Meters **Reaching Poles/Assist Continual Disinfection Device** Safety Rope and Floats Secure Fencing **Ring Buoys** Self Close/Self Latching Gates Thermometer **Diving Boards** Goggles and Gloves Water Clarity Emergency numbers posted Lifeguard platforms or stands Paddle Rescue Device Emergency care room (500+) **GENERAL SANITATION AND MAINTENANCE** Bathrooms (Cleaned and Stocked) Only unbreakable mirrors provided Sanitary sewage and filter backwash Separate BR facilities (each sex) waters handled properly Sanitary facilities maintained and Solid waste stored in watertight containers constructed of impervious materials with tight-fitting lids Potable water supply source and of safe Floors have slip-resistant surface and sanitary quality Suitable receptacles provided for paper All buildings rodent and insect proofed towels and waste materials Soap dispenser provided, hot and cold Premises maintained to prevent the water breeding and harborage of vermin **CHEMICALS / DISINFECTANTS (POOLS)** Free Chlorine (10 ppm max) pH (7.2 - 7.8) Total Alkalinity (60 – 180 ppm) Total Chlorine (ppm) Combined Chlorine (< .2) Calcium Hardness (ppm)

Other Disinfectant

Cyanuric Acid (10 - 100ppm) Outdoor

CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES (Continued)

Codes:	X-Complia	nt P-Pending	N/A-Not Applicable				
		SUPERVISION					
Operations supervised by an adu	ılt	Aquatics Fac	Aquatics Facility plan executed				
Standard first aid and Pro CPR		All lifeguards	identifiable				
Pools have TPO, TPO onsite wee	ekly	Lifeguards e	quipped with a whistle				
Adequate number of Lifeguards		Emergency [Drills documented				
	BAT	HING WATER QUALI	ТҮ				
Pool water approved water source	ce	Pool chemist	ry monitored (2 hrs)				
Water samples collected weekly		Deaths/serio	us injuries reported				
1 st sample failed warning signs		2 nd sample fa	ailure closure signs				

I verify that the statements made in this form are true and accurate and this Public Recreational Bathing facility meets the requirements of N.J.A.C. 8:26 et seq. I understand that all the information provided, if falsified, can be used against me in court, by the authorities.

Signature of Owner/TPO	Title or Position