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| **Covid19 Pool Operation Prevention Plan (CPOPP) Checklist** |
| **FACILITY INFORMATION** |
| **FACILITY NAME:** |  |
| **DATE:** |  |
| **ADDRESS:** |  |
| **COVID Contact Person:** |  |
|   |
| **CPOPP received with AFP** **Yes**: **No**:  |
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| *Mark “X”: SAT=In Compliance; UNSAT=Out of Compliance; N/A=Not Applicable; COS=Corrected on Site; R in UNSAT Box=Repeat Violation* |
| **Staffing and Pool Operations** | **SAT** | **UNSAT** | **N/A** | **COS** | **Restrooms & Shower Access** | **SAT** | **UNSAT** | **N/A** | **COS** |
| **1** | Pool Director COVID Certification |  |  |  |  | **24** | Foot coverings  |  |  |  |  |
| **2** | Lifeguard COVID Certification |   |   |   |   | **25** | Foot pedals/motion sensors **(Rec)** |  |  |  |  |
| **3** | Ambassador to social distancing |   |   |   |   | **26** | Limit occupancy with signage and/or attendant |  |  |  |  |
| **4** | COVID Contact Person |   |   |   |   |
| **5** | PPE Protocol for acq. and dist. |  |  |  |  | **Face Masks, Gloves and Social Distancing** | **SAT** | **UNSAT** | **N/A** | **COS** |
| **6** | Documented COVID Training |   |   |   |   | **27** | Face masks & gloves encouraged while not in pool & social distance can’t be maintained |  |  |  |  |
| **7** | Police Notification Policy |   |   |   |   |
| **8** | Policy implements for screening Staff |  |  |  |  |
| **9** | Staff Screening (temperature checks) |  |  |  |  | **28** | Staff handwashing required |  |  |  |  |
| **Admittance and Access** | **SAT** | **UNSAT** | **N/A** | **COS** | **29** | Wearing gloves when serving food **(Rec)** |  |  |  |  |
| **10** | Avoid congregation at entry and exit points |   |   |   |   | **30** | Separate & space benches and tables  |  |  |  |  |
| **31** | Crowd flow controlled with signage  |  |  |  |  |
| **11** | COVID Signage at entry points |   |   |   |   | **32** | Signage to denote 6ft of spacing  |  |  |  |  |
| **12** | Cash–less options( where possible) |   |   |   |   | **Communication Plan**  | **SAT** | **UNSAT** | **N/A** | **COS** |
| **13** | Reduce Capacity to 50% |   |   |   |   | **33** | Methods to communicate restrictions |  |  |  |  |
| **14** | Social distancing of hot tubs |   |   |   |   | **34** | Signage: |  |  |  |  |
| **15** | Capacity Restrictions |   |   |   |   | **34a** | Face coverings are encouraged  |  |  |  |  |
| **16** | Sign in sheet for staff and patrons |   |   |   |   | **34b** | Face covers not be worn in water |  |  |  |  |
| **Infection Control Strategies** | **SAT** | **UNSAT** | **N/A** | **COS** | **34c** | Handwashing |  |  |  |  |
| **17** | COVID 19 Emergency Care Room |  |  |  |  | **34d** | Hand sanitizer |  |  |  |  |
| **18** | Isolation procedures |   |   |   |   | **34e** | No face touching |  |  |  |  |
| **19** | Enhanced cleanup & disinfection |   |   |   |   | **34f** | Stay home if sick |  |  |  |  |
| **20** | Sanitizer Station |   |   |   |   | **34g** | Practice Social Distancing  |   |   |   |   |
| **21** | Sufficient supply quantity |   |   |   |   | **Emergency Evacuation Plan** | **SAT** | **UNSAT** | **N/A** | **COS** |
| **22** | High touch area sanitization |   |   |   |   | **35** | Review procedure to ensure social distancing and safe evacuation |  |  |  |  |
| **23** | Prohibit sharing of equipment |   |   |   |   |
|  | **COMMENTS AND REMARKS** |
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| **Inspector:** | **Signature:** | **Name and Title of Person Receiving Copy of Report:** |
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**(Rec) = recommended**