Town of Greenwich
Division of Environmental Services
Public Swimming Pool Self-Inspection Report

Name of Facility ______________________________ Address ________________________________________

Hours of Operation __________________________

☐ Indoor Pool  ☐ Wading Pool
☐ Outdoor Pool  ☐ Whirlpool/ Spa

✓ check mark denotes deficiencies

**General Requirements**

☐ Approved construction, good repair
☐ Supervisory personnel present
☐ Pool Water Quality adequate; sample date ____________
☐ Pool Water Clarity adequate
☐ Pool Water Testing Kits present
☐ Adequate pH _________ (7.2 – 7.8)
☐ Chlorine _________ (0.8mg/l min.)
☐ Records maintained
☐ Decks, Dressing Rooms, Toilet Rooms, Showers kept clean and in good repair
☐ Equipment Rooms, Areas, Equipment kept clean and in good repair
☐ Deck Equipment properly maintained, secured
☐ Proper Pool Chemical Storage – clean, dry, well ventilated
☐ Vacuuming adequate
☐ Pool area accessible, fencing provided, self-closing gate
☐ Lifeguards present or sign “Warning – no lifeguard on duty”
☐ First Aid Kit maintained properly
☐ Emergency Telephone present, working
☐ Proper Signage for Pool Hygiene and Safety
☐ Emergency communications – numbers posted
☐ Depth Markers
☐ Registration

**Additional Requirements for Diving Pools**

☐ Lifeguard Stands (4’ minimum)
☐ Lifesaving Equipment (one unit per 100’)
☐ Sign – “No diving is permitted off the deck into the shallow areas of the Pool”

**Additional Requirements for Whirlpools/ Spas**

☐ Chlorine _____________ (at least 1.0 mg/l)
☐ pH _______________ (between 7.2 and 7.8)
☐ Temperature _________ (not to exceed 104°F)
☐ Precaution Sign (elderly, heart disease, medication use, etc.)

**Local Requirements**

☐ Drinking Water Fountain (minimum of one)
☐ Refuse container maintained
☐ Food Service – (no glass containers)
☐ Maximum number of bathers (not to exceed one bather per 25ft²)

Comments: _______________________________________________________
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_________________________________________________________________
_________________________________________________________________
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Owner/Manager __________________________________________ Inspection Date ______________

Rev. 4/2017