## **Pool Daily Inspection Records**

To be inspected/tested 1/2 hour before opening

Date: Pool location/name:					
	Requirements	Time	Signature		
Emergency telephone properly functioning	□ Yes □ No				
First aid kit fully stocked	□ Yes □ No				
Non-conducting reaching pole on deck	□ Yes □ No				
Spine board on deck	□ Yes □ No				
2 buoyant throwing aids on deck	□ Yes □ No				
Buoy line (for Class B pool with a slope of > 8 %)	□ Yes □ No				
Ground current leakage detecting and de-energizing device (s) activated	□ Yes □ No				
Estimated number of bath	ers	Records of any emergencies, rescues, or breakdowns of equipment, back washing, maintenance, chemicals added, etc.			
Water meter reading at the	e end of day				
Make-up water added 15 L per bather/day		-			



## **Pool Daily Water Tests**

Tests shall be conducted every 1/2 hour before opening and every 4 hours for pools with an automatic sensing device or every 2 hours for pools without automatic sensing device.

Date:	Pool	locatio	n/name:					
Time:								
Total Alkalinity								
(60 – 180 ppm)								
рН								
(7.2 - 7.8)								
Free Available Chlorine								
Without CYA (0.5 – 10 ppm)								
With CYA - Outdoor only (1–10 ppm)								
Cold plunge pool (5 – 10 ppm)								
Hot water pool (5 – 10 ppm)								
Floatation pool (5 – 10 ppm)								
Total Chlorine								
TC-FAC= combined chlorine (CC)								
When CC > 0.4 ppm, take actions to reduce								
the level of CC (for example, super								
chlorination or water exchange)								
Total Bromine								
(2 – 8 ppm)								
Hot water pool (5 – 10 ppm)								
Water clarity								
Temperature (Hot Water Pool)								
<40°C/104°F								
ORP (once a day)								
(600mV – 900mV)								
Cyanuric acid (weekly test;								
Outdoor Pool)								
Max 60 ppm								
Operator's initials								



## **Pool Monthly Tests**

Year:	Pool location/name:
T Cal	1 001 100ation/flame

Month	Water, gravity & suction outlet covers	Ground current leakage detecting and de- energizing devices (GFCI)	Emergency stop button	Vacuum release mechanism (if applicable)
January	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
February	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
March	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature

## YORK REGION PUBLIC HEALTH



Month	Water, gravity & suction outlet covers	Ground current leakage detecting and de- energizing devices (GFCI)	Emergency stop button	Vacuum release mechanism (if applicable)
April	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
May	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
June	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
July	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
August	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken



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Month	Water, gravity & suction outlet covers	Ground current leakage detecting and de- energizing devices (GFCI)	Emergency stop button	Vacuum release mechanism (if applicable)
	Signature	Signature	Signature	Signature
September	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
October	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
November	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
December	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature



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