

Pool Inspection Form

Name of Pool: _____

Location: _____

Date Inspected: _____ Inspected By: _____

Pool Deck	OK	Action Needed	Action Taken	Date Completed
Free of debris, excess water				
No loose equipment				
Other				

Pool	OK	Action Needed	Action Taken	Date Completed
Vaccumed				
Water meets health standard				
Test logs completed				
Other				

Lighting	OK	Action Needed	Action Taken	Date Completed
All ceiling lights functioning				
Emergency lights functioning				
Other				

Exits	OK	Action Needed	Action Taken	Date Completed
All entrances/exits free of debris and hazards				
All entrances/exits in good working order				
Exit signs visible/functioning				
Other				

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Location: _____

Date Inspected: _____ Inspected By: _____

Signage	OK	Action Needed	Action Taken	Date Completed
Appropriate signs in place (slippery when wet, water depths)				
Other				

Emergency Equipment	OK	Action Needed	Action Taken	Date Completed
Telephone: Working				
Telephone: Accessible				
Emergency numbers / location posted				
First-aid kits available and stocked				
Spinal board				
Other				

Comments: