


Harwich Pre-Operation Checklist to permit Swimming Pools/Spas

BEFORE an OPENING Inspection is scheduled, ensure that the following is complete:

	ALL BOXES must be checked in this form (self check your pool prior to scheduling)
	Completed Application for a permit to operate a swimming pool
	Completed Workers Compensation Affidavit Form
	COPY OF: CPR Certifications for ALL persons responsible for pool supervision
	At the 12/6/11 meeting, BOH reconsidered regulation regarding pool safety and supervision. The Board decided to uphold existing regulation which requires facilities to have <u>a trained person on premises at all times while the pool is open</u> . The Board determined that each facility must demonstrate compliance by submitting CPR certification <u>s</u> of staff that would enable facility to meet coverage requirements.
	COPY OF: Current Certified Pool Operator's Certification
	COPY OF: Current Life Guard Certification (s) (if applicable)
	COPY OF: Water Quality Testing Results received by Health Department (FAX #: 508-430-7531)
\$100 Fee - Please make check Payable to the "Town of Harwich"	

***** **Opening Inspection Checklist** *****

The checklist below is the exact procedure followed by the Health Inspector at opening inspection. Please pre-inspect your pool using this checklist and ensure your facility is 100% compliant PRIOR to requesting an opening inspection. No permit will be issued until 100% compliance is achieved and all required paperwork is submitted to the Health Department. IF THERE IS A BOX IN FRONT OF AN ITEM, COMPLIANCE IS REQUIRED.



POOLS																		
1	Health	<input type="checkbox"/> The operator shall have a CLEARLY displayed sign placed at the entrance of the pool / spa enclosure (or bath house) which reads substantially as follows: <input type="checkbox"/> All persons are required to take a cleansing shower bath before entering the pool. <input type="checkbox"/> No person with a communicable disease is allowed to use the pool.																
2	CPR ***** (condominiums - also see section below)	<input type="checkbox"/> At least one staff member is CURRENTLY certified in child, adult and pediatric CPR on the premises WHEN THE POOL IS OPEN and available by communication during pool operation hours. <input type="checkbox"/> Current CRP cards are submitted with application, are on file at the BOH, and can DEMONSTRATE TO BOH SUFFICIENT CPR TRAINED STAFF COVERAGE WHILE THE POOL IS OPEN.																
3	Pool Supervision	<input type="checkbox"/> Current CPO is on file at the BOH, submitted with application. <input type="checkbox"/> CPO has checked pool's mechanical equipment. All equipment is working properly. <input type="checkbox"/> CPO scheduled to conduct weekly (minimum) site visits.																
4	Safety	<input type="checkbox"/> Rescue hook is securely fastened to rescue pole. Ring buoy <input type="checkbox"/> is Coast Guard Approved. <input type="checkbox"/> is in good condition, including any rope attached to buoy. <input type="checkbox"/> has a rope no less than 1½ times the width of the pool. <input type="checkbox"/> rope integrity and condition sufficient for use. <input type="checkbox"/> rope is free from tangle and easily accessible to throw. <input type="checkbox"/> Line with floats available on site to separate non-swimmer area from deeper water when non-swimmers use the pool. <input type="checkbox"/> Signs CLEARLY POSTED and stating: <input type="checkbox"/> "warning-no lifeguard on duty" <input type="checkbox"/> "children under age 16 should not use pool without an adult in attendance" <input type="checkbox"/> Above sign reads 16 (not 14) <input type="checkbox"/> At least 4 foot of walkway is unobstructed around the pool edges. <input type="checkbox"/> All handrails for pool ladders and pool steps are securely fastened (not loose or able to be removed) <input type="checkbox"/> ALL ABOVE IS CLEARLY VISIBLE AND NOT OBSTRUCTED BY ANY VEGETATION OR PHYSICAL OBSTACLES																
5a	First Aid Kit	<input type="checkbox"/> Location of first aid kit CLEARLY posted. <input type="checkbox"/> First aid kit is consolidated and includes: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> 35 1" Band-Aids</td> <td style="width: 33%;"><input type="checkbox"/> 1 scissors</td> </tr> <tr> <td><input type="checkbox"/> 10 3x3" sterile gauze pads</td> <td><input type="checkbox"/> 12 antiseptic wipes</td> </tr> <tr> <td><input type="checkbox"/> 2 5x5" surgipads</td> <td><input type="checkbox"/> 2 disposable instant ice packs</td> </tr> <tr> <td><input type="checkbox"/> 1 8x10" surgipads</td> <td><input type="checkbox"/> 1 sterile isotonic buffered eye wash (NOT EXPIRED)</td> </tr> <tr> <td><input type="checkbox"/> 2 2" gauze roller bandage</td> <td><input type="checkbox"/> 2 pairs one size fits all latex gloves</td> </tr> <tr> <td><input type="checkbox"/> 2 3" gauze roller bandage</td> <td><input type="checkbox"/> 1 micro shield or pocket mask with a one way valve</td> </tr> <tr> <td><input type="checkbox"/> 1 roll ½" hypoallergenic tape</td> <td><input type="checkbox"/> 1 tweezers</td> </tr> <tr> <td><input type="checkbox"/> 1 triangular bandage</td> <td><input type="checkbox"/> 1 rescue blanket</td> </tr> </table>	<input type="checkbox"/> 35 1" Band-Aids	<input type="checkbox"/> 1 scissors	<input type="checkbox"/> 10 3x3" sterile gauze pads	<input type="checkbox"/> 12 antiseptic wipes	<input type="checkbox"/> 2 5x5" surgipads	<input type="checkbox"/> 2 disposable instant ice packs	<input type="checkbox"/> 1 8x10" surgipads	<input type="checkbox"/> 1 sterile isotonic buffered eye wash (NOT EXPIRED)	<input type="checkbox"/> 2 2" gauze roller bandage	<input type="checkbox"/> 2 pairs one size fits all latex gloves	<input type="checkbox"/> 2 3" gauze roller bandage	<input type="checkbox"/> 1 micro shield or pocket mask with a one way valve	<input type="checkbox"/> 1 roll ½" hypoallergenic tape	<input type="checkbox"/> 1 tweezers	<input type="checkbox"/> 1 triangular bandage	<input type="checkbox"/> 1 rescue blanket
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5b	Emergency Phone	<input type="checkbox"/> Emergency communication device available at the pool/spa <input type="checkbox"/> Location of emergency phone clearly visible <input type="checkbox"/> Operating instructions for phone posted on/near phone <input type="checkbox"/> Emergency numbers CLEARLY posted on/near phone <input type="checkbox"/> Location of facility CLEARLY posted on/near phone																
6	Records	<input type="checkbox"/> Log book accessible for written record keeping <input type="checkbox"/> Log book provides for data input, including <input type="checkbox"/> water chemistry tests <input type="checkbox"/> type of chemicals added <input type="checkbox"/> when and amount of chemicals added																

6	Records Cont'd	<input type="checkbox"/> when and amount of chemicals added <input type="checkbox"/> dates of backwashing filters <input type="checkbox"/> comments *** to include any/all incidences (physical, environmental, mechanical) and steps taken to fix/correct situation. <input type="checkbox"/> Initials of persons making each entry in the log book. <input type="checkbox"/> Date (including year) of each entry in the log book
7	Recirculation - Filtration	<input type="checkbox"/> CPO has checked the circulation system and found it to be running effectively <input type="checkbox"/> Automatic disinfection feed equipment working properly <input type="checkbox"/> Flow meter's minimum flow rate determined (calculate and insert into box) Flow Rate = VOLUME of pool in gallons ÷ 8 hour turnover rate (minimum) ÷ 60 min/hr <input type="checkbox"/> Flow meter reading required flow
8	Bacteriological Quality	<input type="checkbox"/> Pool water sampled, analyzed by Lab and found to be suitable for swimming. <input type="checkbox"/> Lab analysis submitted to the Health Department (check with lab) (FAX #: 508-430-4703)
9	Chemical standards***	<input type="checkbox"/> Chlorine 1- 3 ppm <input type="checkbox"/> pH 7.2 - 7.8 <input type="checkbox"/> Alkalinity 50 - 150 ppm <input type="checkbox"/> Bromine 2 - 6 ppm ***BOH uses a titrating kit, able to test to within 0.2 ppm for Chlorine. Please ensure that chemistry levels are not "approximate" as levels above limits will not receive permit until water chemistry acceptable.
10	Testing Equipment	<input type="checkbox"/> Reagents less than one year old (assumed stored appropriately). Date purchased on bottles. <input type="checkbox"/> DPD kit provided for chlorine or bromine
11	Depth Markings	<input type="checkbox"/> Depth markings (including UNIT of measurement i.e. "FT") clearly marked on deck <input type="checkbox"/> Depth markings (including UNIT of measurement i.e. "FT") clearly marked on walls of pool <input type="checkbox"/> 4" stripe (contrasting color) on pool floor and walls between shallow and deep ends <input type="checkbox"/> 4" stripe (contrasting color) on step edges
12	Enclosure	<input type="checkbox"/> Adequate enclosure around pool provided <input type="checkbox"/> All gates and doors in pool enclosure are self-closing and self-latching (latch 4 ft above ground)
13	Outlets	<input type="checkbox"/> Pool's anti-entrapment main drain cover is not broken and securely fastened to bottom of the pool. <input type="checkbox"/> All other outlets covered and secured
14	Water Clarity	<input type="checkbox"/> Pool bottom clearly visible
15	Closure	<input type="checkbox"/> Operator aware of when pool should be voluntarily closed (as per 435.34) <input type="checkbox"/> Daily pool supervisors knowledgeable of standards for closure noted in 435.08 and 435.28 to 435.31. <input type="checkbox"/> Operator aware of amendments to the fine schedule for pool/spa operators.
SPAS (in addition to above)		
16	Health	<input type="checkbox"/> Signage as required for Pools (see Health #1 above) In addition, signage including the following: <input type="checkbox"/> <i>Do not use when alone.</i> <input type="checkbox"/> <i>Do not use while under the influence of alcohol, anticoagulants, antihistamines, vasoconstrictors, vasodilators, stimulants, hypnotics, narcotics or tranquilizers.</i> <input type="checkbox"/> <i>Elderly persons, pregnant women, and persons suffering from heart disease, diabetes, high or low blood pressure should not use this pool until they consult with their physician.</i> <input type="checkbox"/> <i>Do not use the pool when the water temperature is greater than 104°F.</i> <input type="checkbox"/> <i>Observe a reasonable time limit (e.g., ten minutes), then shower, cool down, and, if you wish, return for another brief stay. Long exposure may result in nausea, dizziness or fainting.</i> <input type="checkbox"/> <i>The use of oils and body lotion by bathers is prohibited.</i>
17	Emergency Shut Off	<input type="checkbox"/> Emergency shut off pump switch in accessible location. <input type="checkbox"/> Emergency shut off pump switch prominently marked. <input type="checkbox"/> Emergency shut off pump switch within plain sight of the spa.
18	Whirlpool	<input type="checkbox"/> Water temperature not above 104° <input type="checkbox"/> Unbreakable thermometer provided <input type="checkbox"/> Thermostatic control provided and only accessible to the pool operator <input type="checkbox"/> A permanently mounted clock displayed at the spa and easily readable. <input type="checkbox"/> Operator aware that spa is to be drained in an appropriate manner and cleaned every 14 days.
19	Recirculation - Filtration	<input type="checkbox"/> Flow meter's minimum flow rate determined (calculate and insert into box) Flow Rate = VOLUME of spa in gallons ÷ 0.5 hour turnover rate (minimum) ÷ 60 min/hr <input type="checkbox"/> Flow meter reading required flow
Condominium Associations (in addition to above)		
	Condo management plans and schedules	<input type="checkbox"/> Condominium Management Plan -updated and submitted annually; circulated to owners and their renters. <input type="checkbox"/> A written schedule of who is on site daily that is doing water testing, trained and able to respond appropriately to any health & safety issues which may arise. <input type="checkbox"/> A written schedule showing at least one CPR certified person / owner is on site and available by communication while the pool is open***. ***If condominium has NO full time manager on site while the pool is open, a CPR coverage calendar shall be submitted to BOH demonstrating sufficient trained persons available on premises.