

SWIMMING POOL & SPA REQUIRED DOCUMENTS – Checklist www.scottcountyiowa.com/health rev. June 2020

Name of Pool Facility _____ CPO _____

- Current Certified Pool Operator (**CPO**) certificate (valid for 5 yrs; 10 hrs CEU's between renewals)
- Testing records:**
 - Chlorine or Bromine – before opening & every 4 hrs while open (**Spas** – every 2 hrs)
 - With ORP/HRR meter – (record meter readings with each test kit reading & test with kit at least 2X daily)
 - pH - before opening & every 4 hrs while open (record meter readings with each test kit reading & test with kit at least 2X daily) (**Spas** – every 2 hrs)
 - Spa water temperature** (at least 2X daily & when testing with test kit)
 - Combined chlorine – weekly for pools; daily for **spas**
 - Total alkalinity - weekly for pools & at least weekly for **spas** and each time the spa is refilled
 - Cyanuric acid (if used) – weekly
 - Calcium hardness tests – monthly for pools & each time **spa** is refilled
 - Lab results for bacteria – monthly
 - Ground Fault Circuit Interrupter (**GFCI**) test results **SVRS** test results - monthly
- Operation records:**
 - Dates & quantities of chemicals added**, including resupply of chemical feed systems
 - Dates of Filter** backwashing, cleaning, or changing of filters
 - Maintenance /repairs /corrections; VGB** compliance records for submerged outlet covers
- Operations manual** including instructions for:
 - Water testing
 - Keeping the chemical feed systems supplied
 - Backwashing or changing & cleaning the filter
 - Vacuuming & pool cleaning procedures
 - How to superchlorinate; fecal-incident-response-recommendations from www.cdc.gov
 - Maintaining the controller sensors
 - Operating & maintaining each type of filter, pump, & safety device; pump curve
 - Operation & maintenance instructions for other equipment used at the swimming pool
 - A schematic drawing of the pool recirculation system or labeled pipes & valves
- Safety Data Sheets (**SDS**) for chemicals at the pool
 - Dates of **annual** review of SDS
- A **written emergency plan** - include actions to be taken in cases of:
 - Drowning
 - Chemical-handling accidents
 - Serious illness or injury
 - Weather emergencies
 - Dates of **annual staff review** of emergency plan
- Complaints, accidents, injuries, and illness reports**
 - Deaths, near drownings, head, neck, spinal cord injuries, or any injury which renders a person unconscious or requires immediate medical attention - report to Health Dept within one business day
- Pools with guards** (schools, municipal pools, large pools)
 - Copies of current **lifeguarding**, first aid, & CPR **certificates** at the pool
 - Lifeguard Staffing Plan for all programs

Checklist completed by _____ Date _____