## New Jersey Department of Health Consumer, Environmental and Occupational Health Service

## CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES

Municipality	Local Health Authority			Date			
Name of Public Recreational Bathing Facility							
Dates of Operation				Type of PRB F	acility		
PRB Facility Location	Ph	one Num	ber	S	pecial Exempt		
					☐ Yes ☐ No ☐ Both		
Owners Name and Address	I			F	hone Number	•	
Certified Laboratory Phone Nu			ber Date of Last Sample			e .	
Trained Pool Operator		Email Address		F	Phone Number		
Codes: X-Co	ompliant	P-	Pending	N/A-Not	Applicable		
		PAPER	RWORK	***************************************	-		
TPO Certification No. and Exp. Date			Log Book				
Lifeguard Certifications Current			Bonding and Grounding (5-year cert.)				
Pro CPR Certifications Current			Bonding ar	nd Grounding (	Town)	-	
Aquatics Facility Plan			CB-20 com	pleted and sub	omitted		
Water Sample(s) Results			MSDS she	ets for all chem	nicals		
Sanitary Surveys (8:26-7.15)			Physical H	azards inspecti	ion		
	GE	NERA	LAYOUT				
Emergency Phone Numbers			No Lifegua	rd on Duty Sig	n	-	
Pool/Natural Waters Rules Sign			Adult Supervision Sign				
No Diving Signs			Special Exempt Signs				
Caution Chemical Sign			Spa Clock				
No Smoking Sign (Chem. Room)			Spa Rules				
Depth Markings			Diving Rule	es			
Entrance(s) Secure			Cliff Jumps	< 15'			
Floats and Fixed Platforms Permitted wit LHA Approval	h		Equipment types pool	for continuous water and mee	disinfect all t 8:26-3.22		
Diving stands, boards, ladders, stairs, all equipment maintained				icals stored, ha acturer's instruc	indled and used		
Water slides conform to CPSC and approved by LHA and/or NJDCA			Anti-entrap documenta		ers installed, all		
Rope drops, cliff jumping, and aquatic pla equipment meet N.J.A.C. 5:14A-12	ау		Pool Floor	(Clean and Vis	ible)		
Surface area (Pool sq')			Turnover R	tate(s) (Pool)			
Volume (Pool)			Pump Maxi	mum Flow Rat	e(Pool)		

## CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES (Continued)

Codes: X-Complia	nt P-Pending N/A-Not Applicable	
	EQUIPMENT	
Facility Phone	Vacuum Equipment	
Guard (Uniform/Whistle)	Skimmer Net	
DPD Test Kit	# of Returns	
First Aid Kit	Sight glass	
Rescue Tube(s)/LG	Entrapment Issues	
Backboard	Spa Requirements	
Straps	Wading Pool Requirements	
Head Immobilizer	Circulation System	
Shepherd Hooks	Flow Meters	
Reaching Poles/Assist	Continual Disinfection Device	
Safety Rope and Floats	Secure Fencing	
Ring Buoys	Self Close/Self Latching Gates	
Thermometer	Diving Boards	
Goggles and Gloves	Water Clarity	
Emergency numbers posted	Lifeguard platforms or stands	
Paddle Rescue Device	Emergency care room (500+)	
GENERAL SA	ANITATION AND MAINTENANCE	
Bathrooms (Cleaned and Stocked)	Only unbreakable mirrors provided	
Separate BR facilities (each sex)	Sanitary sewage and filter backwash waters handled properly	
Sanitary facilities maintained and constructed of impervious materials	Solid waste stored in watertight containers with tight-fitting lids	
Floors have slip-resistant surface	Potable water supply source and of safe and sanitary quality	
Suitable receptacles provided for paper owels and waste materials	All buildings rodent and insect proofed	
Soap dispenser provided, hot and cold water	Premises maintained to prevent the breeding and harborage of vermin	
CHEMICAL	S / DISINFECTANTS (POOLS)	
Free Chlorine (10 ppm max)	pH (7.2 – 7.8)	
Fotal Chlorine (ppm)	Total Alkalinity (60 – 180 ppm)	
Combined Chlorine (≤ .2)	Calcium Hardness (ppm)	
Other Disinfectant	Cyanuric Acid (10 - 100ppm) Outdoor	

## CHECKLIST FOR PUBLIC RECREATIONAL BATHING FACILITIES (Continued)

Codes:	X-Compliant	P-Pending	N/A-Not Applicable		
	SI	JPERVISION			
Operations supervised by an adult	Aquatics Facility plan executed				
Standard first aid and Pro CPR		All lifeguards identifiable			
Pools have TPO,TPO onsite week	ly	Lifeguards equipped with a whistle			
Adequate number of Lifeguards		Emergency	Emergency Drills documented		
	BATHING	WATER QUAL	ITY		
Pool water approved water source		Pool chemistry monitored (2 hrs)			
Water samples collected weekly		Deaths/serious injuries reported			
1 <sup>st</sup> sample failed warning signs		2 <sup>nd</sup> sample fa	ailure closure signs		

Signature of Owner/TPO

Title or Position