

**VILLAGE OF ARLINGTON HEIGHTS HEALTH SERVICES
SWIMMING POOL INSPECTION REPORT
(847) 368-5760**

POOL NAME	Daha Point	ADDRESS	1519 E. central	DATE	7/18/13
INDOOR -	(<input type="checkbox"/>	PERSON INTERVIEWED	Lauren	PHONE	
OUTDOOR -	(<input checked="" type="checkbox"/>			TITLE	pool attendant

**AN INSPECTION OF THESE FACILITIES HAS BEEN CONDUCTED BASED ON THE STATE OF ILLINOIS
SWIMMING FACILITY CODE THAT COVERS MINIMUM SANITARY REQUIREMENTS FOR
THE DESIGN AND OPERATION OF SWIMMING FACILITIES.**

Pool Volume _____ gallons Bather Load _____ Number of Bathers _____

Water Quality & Pool Facilities		Backwash Frequency	days	Test Kit
Residual - Deep	Shallow	Backwash Facilities -		Reagents -
ph - Deep	Shallow	Man. Air Relief		Vacuum Cleaner -
Cyanuric Acid Conc.	ppm	Influent Gauge -	psi	
Clarity - <i>OK</i>		Effluent Gauge -	psi	Bathhouse
Water Level -		Precoat Amount	lbs	Facilities Adequate -
Floating Matter -		Slurry Amount	lbs	Facilities Operable -
Sediments -		Vacuum Limit Switch -		Facilities Adequate -
Inlets -		Disinfection Type -		Drainage Adequate
Overflow or Skimmers -		Capacity	/day	Soap Dispensers -
Deck Condition		Condition		Vacuum Breakers -
Water Temp. - °F		Amount Fed	/day	Cleaning Frequency -
Water Treatment Equipment		Point of Feed -		Management & Safety
Recirc. Pump Cond. -		Gas Chlorinator		Diving Facilities -
Suction Gauge -		Failsafe -		Manager Designated -
Discharge Gauge -	psi	Separate Room -		Lifeguard Present -
Hair Strainer Extra Basket -		Ventilation -		First Aid Personnel -
Flow Rate	gpm	Gas Mask -		Safety Equipment -
Turnover	hours	ph Feeder Type		Bather Control - <i>OK</i>
Filter Type -		Capacity	/day	Samples Submitted -
Filter Loading	gpm/ft2	Condition -		Oper. Rpts. Submitted -

REQUIRED CORRECTIONS

YOU ARE HEREBY DIRECTED TO CORRECT THE ABOVE DEFICIENCIES BY THE DATE DESIGNATED.

Lauron Boardman
OWNER OR OWNER'S AGENT

Stephanie Dey
INSPECTOR