

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

POOL NAME <u>Dana Point</u>		ADDRESS <u>1519 E. Central</u>		DATE <u>7/18/13</u>
INDOOR - ( )	PERSON INTERVIEWED <u>Lauren</u>	PHONE	TITLE	<u>pool attendant</u>
OUTDOOR - ( <u>X</u> )				

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

[illegible]

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

Lauren Boade  
OWNER OR OWNER'S AGENT

Stephanie Cox  
INSPECTOR