

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

POOL NAME Dana Point Pool		ADDRESS 1519 E. Central Rd.		DATE
INDOOR - ( )	PERSON INTERVIEWED	PHONE	TITLE	
OUTDOOR - (X)	<del>Lauren</del> Mike	(847)-228-5176	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	Bathhouse
Clarity - <i>OK</i>		Effluent Gauge -	psi	
Water Level -		Precoat Amount	lbs	
Floating Matter -		Slurry Amount	lbs	Facilities Adequate -
Sediments -		Vacuum Limit Switch -		Facilities Operable -
Inlets -		Disinfection Type -		Facilities Adequate -
Overflow or Skimmers -		Capacity	/day	Drainage Adequate
Deck Condition		Condition		Soap Dispensers -
Water Temp. - °F		Amount Fed	/day	Vacuum Breakers -
Water Treatment Equipment		Point of Feed -		Cleaning Frequency -
Recirc. Pump Cond. -		Gas Chlorinator		Management & Safety
Suction Gauge -		Failsafe -		Diving Facilities -
Discharge Gauge - psi		Separate Room -		Manager Designated -
Hair Strainer Extra Basket -		Ventilation -		Lifeguard Present -
Flow Rate gpm		Gas Mask -		First Aid Personnel -
Turnover hours		ph Feeder Type		Safety Equipment - <i>OK</i>
Filter Type -		Capacity	/day	Bather Control -
Filter Loading gpm/ft2		Condition -		Samples Submitted -
				Oper. Rpts. Submitted -

## REQUIRED CORRECTIONS

[illegible]

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

OWNER OR OWNER'S AGENT

INSPECTOR