

Name of organization: _____ FEIN: _____

Website address: _____ *If you do not have a website, attach brochure and detailed description of daily activities of organization.*

- Number of pools on your premises: _____
- Complete chart below for each pool. If more than 3 pools, please provide information on an attachment.

Provide the following information:	POOL 1	POOL 2	POOL 3
Size, location and description:			
Indicate number of drains:			
Indicate shallow-end depth:			
Indicate deep-end depth:			
How is depth marked (e.g. painted markers on pool bottom, life line)?			
Describe any diving boards, diving platforms, slides or water trampolines:			
Indoor?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Enclosed by "child proof" gate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Slip resistant surfacing?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Pool chemicals kept in a dry, ventilated, locked storage area?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does pool have a pump safety shutoff?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Always a certified lifeguard on duty?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Safety equipment easily accessible within the pool area (i.e. hooks, life preservers, kick boards)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Phone in the pool area with emergency phone numbers posted nearby?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Suspended ceilings above pool?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

3. Do you have a swim team, dive team or water polo team? YES NO

If yes, provide details: _____

4. Do you have any water park playground areas? YES NO

If yes, describe surfacing and playground elements: _____

5. Do you own or operate any hot tubs or whirlpools? YES NO

- If yes,**
- Do all hot tubs or whirlpools have at least 2 drains? YES NO
 - Is there a clearly marked emergency pump shutoff switch nearby? YES NO
 - Are temperatures always kept at 104° or less? YES NO
 - Is the hot tub operated on an automatic timer? YES NO
 - Are unsupervised minors prohibited? YES NO

6. Have all pools and spas been equipped with anti-entrapment drain covers or systems? YES NO

If yes, describe systems installed and date for each pool or spa: _____

Completed by: _____ Date Completed: _____