

SITE SELECTION CHECKLIST FOR AQUATICS

Region/Team Name: _____

Person in Charge: _____

Reason For Using Pool: _____

Date of Site Examination: _____

Name of Facility: _____

Length of Event (time): _____

1. Description of pool facility?

(size, minimum/maximum depth, slides, ladders, diving boards, etc)

2. Does the inspection comply with all regulations?

(i.e. last date of inspection done by Local Health Department Agency)

3. Number of certified water safety instructors/life guards?

(where certified and date of certification)

4. Number of additional volunteers monitoring the event outside and at pool side?

5. Closet ambulance service?

6. Working telephone at pool site? Yes _____ No _____

7. Are fire alarms in good working condition and when were they last tested?

No _____ Yes _____ Date Tested _____

8. Are smoke alarms working and when were they last tested?

No _____ Yes _____ Date Tested _____

9. Are all fire extinguishers up to date and when were they last tested?

No _____ Yes _____ Date Tested _____

10. When was the last time the quality of the water was checked and what were the results?

11. Is there a first aid kit available with appropriate supplies? Yes _____ No _____

12. Are all electrical outlets and appliances properly maintained and protected?
Yes _____ No _____

Questions specifically for indoor pools:

13. Are there proper directions to get out of the building in case of a fire? Yes _____ No _____

14. Are exit lights working? Yes _____ No _____

15. Are exit doors working and clear of obstructions? Yes _____ No _____

16. Are tile floors in good condition? Yes _____ No _____

17. Are there signs for SLIPPERY WHEN WET? Yes _____ No _____

18. Is the acoustical tile in pool worn, cracking, falling, etc? Yes _____ No _____

19. Is there non-slip material leading to pool area and at entrances to shower room? Yes _____ No _____

Questions specifically for outdoor pools:

20. Describe the area adjacent to the pool?

IMPORTANT NOTE:

This checklist must be fully completed when a pool facility is being considered for use. If that same facility should be used again, it should be documented that this checklist was again reviewed. If the same facility is used and there is no change, the site selector must document this by signing and dating this sheet. If there is a change please notify the SONE office.

Signature of person completing exam: _____

Date: _____

Results of exam: _____

