

**SWIMMING POOL / SPA
CRITICAL ITEM INSPECTION REPORT**

Date: _____

Pool/Spa: _____

Address: _____

Phone: _____ Operating Season: _____

Owner: _____ Operator: _____

Water Quality/Disinfection

a. Turbidity _____

b. Disinfectant Residual _____

c. pH _____

d. Test Kit Available _____

e. Record Keeping _____

f. Disinfectant Used _____

g. CPO/AFO/NSPI _____

Pool Inspector: _____

Operator: _____

Phone: _____

Phone: _____

Email: _____

Email: _____