

SWIMMING POOL SEASONAL OPENING CHECKLIST

This checklist is a self-inspection guide to complete prior to seasonal opening. All items must be in compliance to open. If an item is not in compliance your pool is not approved for operation. Call Oakland County Health Division (OCHD) at 248-858-1312 with questions.

A completed "Notification of Operation" form (page 3 of this document) must be emailed to OCHDpools@oakgov.com prior to opening. Please completely fill out the form – the license number and address are required.

Upon receipt of the completed "Notification of Operation" form showing that all items are in compliance, the pool may open prior to OCHD's seasonal opening inspection. Pools that were closed by OCHD for any reason during the previous season will not be allowed to open prior to an opening inspection by OCHD. Call 248-858-1312 to schedule pool inspections for pools that were closed last year.

- ☐ Submitted an acceptable water sample from a Michigan Department of Environment, Great Lakes and Energy (EGLE), formerly Michigan Department of Environmental Quality (DEQ), certified lab to OCHD dated within the last thirty (30) days.
- ☐ Contingency and emergency plans updated for current swimming pool season and are available on site for review.
- ☐ Previous violations corrected (check last season's reports).
- ☐ Water quality meets the following minimum standards:

Disinfectant (ppm)*	pH 7.2-7.5	pH 7.5-8
Bromine	2.0	2.0
Chlorine	1.0	2.0
Chlorinated Cyanurate (CYA)**	2.0	4.0

* Maximum residual 10 parts per million (ppm)

** At 20 - 40ppm CYA, add 0.5ppm disinfectant for every 20ppm CYA or fraction of 20ppm above 40ppm

- ☐ Pool sides and bottom clean and in good condition.
- ☐ Gutters or skimmers function (weirs or double baskets present). 80% of the total flow should come from the skimmers with only 20% from the main drain.
- ☐ Main drains are in place and secure with no broken slats. Main drains visible from 30 feet away.
- ☐ Signs are posted: Bather load limit, no glass, water temperature (if over 86°F), "No Lifeguard on Duty," if applicable (4 inch letters). Operating rules and operator's location or phone number are posted. Spa pools must post "Health Hazards" and "No Alcohol Consumption" signs.
- ☐ Pumps and filters must work properly. Chlorinator or brominator is functioning properly.
- ☐ Vacuum/pressure gauges at or near the filter are working properly.

- ☐ Extra strainer basket, extra cartridge filter (if applicable) and extra skimmer baskets available.
- ☐ Flow meter functioning properly and flow rate adequate for turnover rate.
- ☐ DPD test kit complete and fresh chemicals supplied. When stabilized chlorine is used, cyanuric acid test kits must be available and used weekly.
- ☐ Fencing is four feet high with self-closing, self-latching, lockable gate in good repair. No footholds or holes (less than 4 inch opening) are evident.
- ☐ If Lifeguards are required, current Lifeguarding and CPR credentials are available for review. Adequate number of Lifeguards available per pool capacity.
- ☐ Pool deck surfaces are clean. No trip hazards exist and deck is sloped to drain. Space between deck and coping is properly sealed.
- ☐ Foot spray, shower, hose bibs and drinking fountains are working and in good repair. Vacuum breakers are provided at hose connections. The backwash line has an air gap as required.
- ☐ Depth markers and "No Diving" signs are in 4 inch contrasting colored letters with FT or INCH unit marks on all depth markings.
- ☐ Side wall water inlets are operational and positioned downward.
- ☐ Lifeline is in place where water is 5 feet deep and/or water has rapid change in slope. Bottom of pool must also be marked with a line that extends up the sides of pool. Steps and underwater ledges/seats must be marked at the edge of each step. Walkway adjacent to underwater seating is marked to identify seat location.
- ☐ Ladders and railings are secure and slip resistant.
- ☐ Safety equipment is kept inside pool enclosure and all pieces are in good condition. Emergency telephone is in pool enclosure and available during pool operating hours. Name, address and dialing directions are available at telephone. Telephone's proper operation has been verified.
- ☐ Vacuum hose is available and in good repair.
- ☐ Bathhouse and equipment are in good repair. Plumbing is operational; floors and walls are smooth and easily cleanable; soap and hand drying devices are available; hot water (90°F-110°F) is provided.
- ☐ Chemical storage is adequate, safe and meets the MSDS storage requirements of each chemical used.
- ☐ Blank operation reports are on site. Note: After opening, complete operation reports three times daily.

OUTDOOR SWIMMING POOL NOTIFICATION OF OPERATION

Those pool operators who complete the following may open prior to OCHD's official opening inspection. All of the items **MUST** be in compliance to open prior to an inspection. A completed "Notification of Operation" form must be emailed to OCHDpools@oakgov.com for **EACH** pool (spa, swimming, wade, etc.) that will be opened prior to the seasonal opening inspection. **Pools that were closed by OCHD for any reason during the previous season will not be allowed to open prior to an opening inspection by OCHD. Pool operators in this circumstance should contact OCHD at 248-858-1312 to schedule an inspection.**

This completed form must be emailed to OCHDpools@oakgov.com prior to opening. Please complete all parts of the form – the license number and address are required.

Verify I have done the following:

- ☐ Posted the current EGLE (DEQ) Swimming Pool License in a clearly visible location.
- ☐ Paid the annual OCHD inspection fee (for each pool).
- ☐ Submitted water sample with satisfactory results from an EGLE (DEQ) certified lab to OCHD, dated within the last thirty (30) days.
- ☐ Reviewed the OCHD Swimming Pool Seasonal Opening Checklist (pages 1-2)
- ☐ Addressed any and all outstanding violations from the previous year's seasonal inspection.
- ☐ Inspected, replenished and replaced, as necessary, all required safety equipment.
- ☐ Provided an adequate number of Lifeguards with current Lifeguarding and CPR credentials, if required. Or, a "No Lifeguard on Duty" sign is posted if Lifeguards are not required.
- ☐ Updated the Emergency and Contingency Plans available for review.
- ☐ Reviewed the Michigan Public Swimming Pool Rules:
https://www.michigan.gov/documents/deq/deq-dwrpd-eh-swmp-l-SR_Rules_PRINT_COPY_2-8-01_270447_7.pdf

I certify that I have reviewed the above information. To the best of my knowledge, all items are in compliance with Michigan Public Swimming Pool Rules for the facility described below.

Operator signature: _____ Date: _____

Operator name (printed): _____ Phone: _____

Fax: _____ E-Mail: _____

Facility Name: _____ Pool Number: _____

Address: _____ City/Township: _____

Anticipated Opening Date: _____ Chlorine: _____ Bromine: _____ pH: _____

Section reserved for Environmental Health Services _____

Sanitarian: _____ Review Date: _____ Approved: Yes ☐ No ☐

Comments: _____