

(FOR OFFICE USE ONLY)
DATE RECEIVED:



(FOR OFFICE USE ONLY)
☐ POOL ☐ SPA
FACILITY ID: _____
PR#: _____
SR#: _____

PLAN REVIEW NEW CONSTRUCTION AND MAJOR REMODEL WORKSHEET

TYPE OF APPLICATION (CHECK ALL THAT APPLY)			
<input type="checkbox"/> NEW CONSTRUCTION		<input type="checkbox"/> MAJOR REMODEL (FILL OUT SCOPE OF WORK PAGE AT END OF WORKSHEET)	
<input type="checkbox"/> INDOOR	<input type="checkbox"/> OUTDOOR	POOL/SPA WITH LIVING UNITS <input type="checkbox"/> YES <input type="checkbox"/> NO	PARTY POOL <input type="checkbox"/> YES <input type="checkbox"/> NO
BODY OF WATER TYPE			
<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> SPA	<input type="checkbox"/> WADING POOL	
<input type="checkbox"/> CHILD AMUSEMENT LAGOON	<input type="checkbox"/> WAVE POOL	<input type="checkbox"/> ACTIVITY POOL	
<input type="checkbox"/> WATERCOURSE RIDE	<input type="checkbox"/> WATER SLIDE	<input type="checkbox"/> OTHER TYPE:	
<input type="checkbox"/> SPECIAL PURPOSE POOL TYPE:	<input type="checkbox"/> WATER RECREATION ATTRACTION TYPE:	NOTES:	
FACILITY INFORMATION			
FACILITY NAME:			
FACILITY ADDRESS:			
ASSESSOR'S PARCEL NUMBER:	SECTION:	TOWNSHIP:	RANGE:
TYPE OF FACILITY:			
<input type="checkbox"/> HOME OWNER ASSOCIATION <input type="checkbox"/> APARTMENT <input type="checkbox"/> MOTEL/HOTEL <input type="checkbox"/> HEALTH CLUB <input type="checkbox"/> OTHER:			
OWNER:		PHONE:	
OWNER ADDRESS:		EMAIL:	
CONTRACTOR/ENGINEER INFORMATION (FILL IN ALL APPROPRIATE BOXES)			
POOL CONTRACTOR:		PHONE:	
ADDRESS:		LICENSE NUMBER:	
ENGINEER/ARCHITECT:		PHONE:	
ADDRESS:		LICENSE NUMBER:	

NAME, PRINT

DATE

SEAL

SIGNATURE OF: ☐ ENGINEER ☐ A-10 ☐ A-10E ☐ ARCHITECT ☐ OTHER

SOUTHERN NEVADA HEALTH DISTRICT APPROVAL BY:

SIGNATURE

DATE



APPROVAL IS NOT INTENDED TO CONVEY APPROVAL FOR ANY MISTAKES OR OMISSIONS CONTAINED HEREIN. PROPER DEVELOPMENT IS THE RESPONSIBILITY OF THE VARIOUS PARTIES CONCERNED AND ALL APPLICABLE LAWS, RULES, AND REGULATIONS SHALL BE STRICTLY ADHERED TO.

DESIGN DATA															
LENGTH:		FT		WIDTH:		FT		DIAMETER:		FT					
PERIMETER:		FT		SURFACE AREA:		SQ. FT		MINIMUM DEPTH:		FT					
IF SURFACE AREA IS GREATER THAN 2000 SQ. FT LIFEGUARD PLAN SUBMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO															
MAX DEPTH:		FT		WATER VOL:		GAL		MIN. TURNOVER:		HR					
MIN FLOW:		GPM		MAX CAPACITY:		PERSONS		SPLIT DRAINS NUMBER:							
SVRS/VRS: <input type="checkbox"/> YES <input type="checkbox"/> NO				SVRS/VRS TYPE:											
GENERAL CONSTRUCTION INFORMATION															
STRUCTURE:		<input type="checkbox"/> GUNITE <input type="checkbox"/> SHOTCRETE <input type="checkbox"/> HAND PACK <input type="checkbox"/> OTHER													
INTERIOR FINISH:		<input type="checkbox"/> PLASTER <input type="checkbox"/> TILE <input type="checkbox"/> OTHER:													
		<input type="checkbox"/> SLIP RESISTANT <input type="checkbox"/> NON-TOXIC <input type="checkbox"/> INTERIOR COLOR(S)													
DEPTH MARKERS:		QUANTITY:				4 INCH NUMBERS, CONTRASTING COLOR <input type="checkbox"/> YES <input type="checkbox"/> NO									
		LOCATED AT:		FT		FT		FT		FT		FT			
DECKING:		SURFACE AREA:		SQ. FT		MATERIAL(S):									
		SLIP RESISTANT FINISH:		<input type="checkbox"/> YES <input type="checkbox"/> NO		COLOR(S):									
		DECK DRAINS TO:						SLOPE TO DRAIN: INCH/FT							
		<input type="checkbox"/> STRIP DRAINS <input type="checkbox"/> AREA DRAINS <input type="checkbox"/> OTHER													
		DECK WIDTH		NORTH:		FT		SOUTH:		FT		EAST:		FT	
		HOSE BIB PROVIDED:		<input type="checkbox"/> YES <input type="checkbox"/> NO		DECK OBSTRUCTION(S):									
				% OF PERIMETER											
				TYPE:											
				MINIMUM 4 FOOT DECK PROVIDED THROUGH OBSTRUCTION											
				WITHIN 15 FT OF PERIMETER: <input type="checkbox"/> YES <input type="checkbox"/> NO											
BRIDGES:		MINIMUM HEIGHT:													
		ABOVE WATER SURFACE:				FT		ABOVE POOL BOTTOM:				FT			
		POSES HEALTH OR SAFETY HAZARD: <input type="checkbox"/> YES <input type="checkbox"/> NO													
HANDHOLD:		<input type="checkbox"/> CANTILEVER <input type="checkbox"/> COPING <input type="checkbox"/> GUTTER <input type="checkbox"/> OTHER													
		THICKNESS:				INCH		WIDTH:				INCH			
STAIRS AND LADDERS:		STAIR QUANTITY:				LOCATIONS:									
		RISE:		INCH		TREAD WIDTH:		INCH		TREAD DEPTH:		INCH			
		LADDER OR STEPHOLES QUANTITY:				LOCATIONS:									
		HANDRAIL(S): <input type="checkbox"/> YES <input type="checkbox"/> NO				2" SLIP RESISTANT, CONTRASTING EDGE ON STEPS OR BENCHES: <input type="checkbox"/> YES <input type="checkbox"/> NO									



MAKEUP WATER:	<input type="checkbox"/> OVER RIM <input type="checkbox"/> SURGE TANK <input type="checkbox"/> RECEPTOR <input type="checkbox"/> AUTO FILL <input type="checkbox"/> OTHER			
	BACKFLOW PREVENTION TYPE: <input type="checkbox"/> RPZ <input type="checkbox"/> PVB <input type="checkbox"/> AIRGAP INCH			
	WATER SOURCE:		WATER OF ACCEPTABLE QUALITY: <input type="checkbox"/> YES <input type="checkbox"/> NO	
MAIN DRAIN(S) FOR CIRCULATION: SPECIFICATION SHEET MUST BE PROVIDED	TYPE: <input type="checkbox"/> SPLIT DRAIN <input type="checkbox"/> CHANNEL / UNBLOCKABLE <input type="checkbox"/> SVRS <input type="checkbox"/> OTHER			
	MANUFACTURE:		MODEL:	
	COVER SIZE: INCH	OPEN AREA: SQ. INCH	QUANTITY:	
	LOCATION: <input type="checkbox"/> FLOOR <input type="checkbox"/> WALL <input type="checkbox"/> BOTH		LOCATION DESCRIPTION:	
	HYDROSTATIC RELIEF VALVE INSTALLED: <input type="checkbox"/> YES <input type="checkbox"/> NO		AT FT DEEP ON SIDE OF BODY OF WATER	
	MINIMUM SPACING: <input type="checkbox"/> 3 FT (SPA) <input type="checkbox"/> 4 FT (POOL) <input type="checkbox"/> CHANNEL <input type="checkbox"/> OTHER			
	COVER IS CERTIFIED BY: <input type="checkbox"/> NSF <input type="checkbox"/> IAPMO <input type="checkbox"/> UL <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER			
	MAX VEL RATE FLOOR: FPS		MAX VEL RATE WALL: FPS	
	MAX FLOW RATE FLOOR: GPM		MAX FLOW RATE WALL: GPM	
	SUMP: <input type="checkbox"/> MANUFACTURE <input type="checkbox"/> FIELD FABRICATED <input type="checkbox"/> OTHER			
	SUMP IS CERTIFIED BY: <input type="checkbox"/> NSF <input type="checkbox"/> IAPMO <input type="checkbox"/> UL <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER			
	DRAIN IS SHARED WITH AUXILIARY SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO IDENTIFY:			
	AUXILIARY DRAIN 1: SPECIFICATION SHEET MUST BE PROVIDED	FUNCTION: <input type="checkbox"/> HYDROTHERAPY JET <input type="checkbox"/> WATER FEATURE <input type="checkbox"/> SOLAR HEATER <input type="checkbox"/> WEIR <input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> SLIDE <input type="checkbox"/> OTHER		
TYPE: <input type="checkbox"/> SPLIT DRAIN <input type="checkbox"/> CHANNEL / UNBLOCKABLE <input type="checkbox"/> SVRS <input type="checkbox"/> OTHER				
HYDROTHERAPY JET QUANTITY:		OTHER DRAIN QUANTITY:		
MANUFACTURE:		MODEL:		
COVER SIZE: INCH		OPEN AREA: SQ. INCH	SPACING: FT	
LOCATION: <input type="checkbox"/> FLOOR <input type="checkbox"/> WALL <input type="checkbox"/> BOTH		COVER IS CERTIFIED BY:		
HYDROSTATIC RELIEF VALVE INSTALLED: <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NSF <input type="checkbox"/> IAPMO <input type="checkbox"/> UL <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER		
MAX VELOCITY RATE FLOOR: FPS		MAX VELOCITY RATE WALL: FPS		
MAX FLOW RATE FLOOR: GPM		MAX FLOW RATE WALL: GPM		
SUMP: <input type="checkbox"/> MANUFACTURE <input type="checkbox"/> FIELD FABRICATED <input type="checkbox"/> OTHER				
AUXILIARY DRAIN 2: SPECIFICATION SHEET MUST BE PROVIDED		FUNCTION: <input type="checkbox"/> CIRCULATION <input type="checkbox"/> HYDROTHERAPY JET <input type="checkbox"/> WATER FEATURE <input type="checkbox"/> SOLAR HEATER <input type="checkbox"/> WEIR <input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> SLIDE <input type="checkbox"/> OTHER		
	TYPE: <input type="checkbox"/> SPLIT DRAIN <input type="checkbox"/> CHANNEL / UNBLOCKABLE <input type="checkbox"/> SVRS <input type="checkbox"/> OTHER			
	HYDROTHERAPY JET QUANTITY:		OTHER DRAIN QUANTITY:	
	MANUFACTURE:		MODEL:	
	COVER SIZE: INCH	OPEN AREA: SQ. INCH	SPACING: FT	
	LOCATION: <input type="checkbox"/> FLOOR <input type="checkbox"/> WALL <input type="checkbox"/> BOTH		COVER IS CERTIFIED BY:	
	HYDROSTATIC RELIEF VALVE INSTALLED: <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NSF <input type="checkbox"/> IAPMO <input type="checkbox"/> UL <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER	



AUXILIARY DRAIN 2 (con't):	MAX VEL RATE FLOOR: FPS		MAX VEL RATE WALL: FPS	
	MAX FLOW RATE FLOOR: GPM		MAX FLOW RATE WALL: GPM	
	SUMP: <input type="checkbox"/> MANUFACTURE <input type="checkbox"/> FIELD FABRICATED <input type="checkbox"/> OTHER			
OVERFLOW:	<input type="checkbox"/> SKIMMER <input type="checkbox"/> GUTTER <input type="checkbox"/> OTHER:			MEETS NSFI STD 50: <input type="checkbox"/> YES <input type="checkbox"/> NO
	QUANTITY:	MANUFACTURE:		MODEL:
	SKIMMER EQUALIZER LINE COVER:			
	MANUFACTURE:		MODEL:	
INLETS:	WALL – QUANTITY:		MINIMUM DEPTH BELOW WATER:	
	FLOOR – QUANTITY:		MAXIMUM SPACING: FT	
PUMP 1: SPECIFICATION SHEET MUST BE PROVIDED	FUNCTION: <input type="checkbox"/> CIRCULATION <input type="checkbox"/> HYDROTHERAPY JET <input type="checkbox"/> WATER FEATURE <input type="checkbox"/> SOLAR HEATER <input type="checkbox"/> WEIR <input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> SLIDE <input type="checkbox"/> OTHER			
	MANUFACTURE:		MODEL:	
	QUANTITY:	HP:	RPM:	MEETS NSFI STD 50: <input type="checkbox"/> YES <input type="checkbox"/> NO
	PHASE:	GPM:	AT TDH	GFCI PROTECTED: <input type="checkbox"/> YES <input type="checkbox"/> NO
	VARIABLE SPEED DRIVE (VSD): <input type="checkbox"/> YES <input type="checkbox"/> NO			
	VSD MANUFACTURE:		MODEL:	
PUMP 2: SPECIFICATION SHEET MUST BE PROVIDED	FUNCTION: <input type="checkbox"/> CIRCULATION <input type="checkbox"/> HYDROTHERAPY JET <input type="checkbox"/> WATER FEATURE <input type="checkbox"/> SOLAR HEATER <input type="checkbox"/> WEIR <input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> SLIDE <input type="checkbox"/> OTHER			
	MANUFACTURE:		MODEL:	
	QUANTITY:	HP:	RPM:	MEETS NSFI STD 50: <input type="checkbox"/> YES <input type="checkbox"/> NO
	PHASE:	GPM:	AT TDH	GFCI PROTECTED: <input type="checkbox"/> YES <input type="checkbox"/> NO
	VARIABLE SPEED DRIVE (VSD): <input type="checkbox"/> YES <input type="checkbox"/> NO			
	VSD MANUFACTURE:		MODEL:	
PUMP 3: SPECIFICATION SHEET MUST BE PROVIDED	FUNCTION: <input type="checkbox"/> CIRCULATION <input type="checkbox"/> HYDROTHERAPY JET <input type="checkbox"/> WATER FEATURE <input type="checkbox"/> SOLAR HEATER <input type="checkbox"/> WEIR <input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> SLIDE <input type="checkbox"/> OTHER			
	MANUFACTURE:		MODEL:	
	QUANTITY:	HP:	RPM:	MEETS NSFI STD 50: <input type="checkbox"/> YES <input type="checkbox"/> NO
	PHASE:	GPM:	AT TDH	GFCI PROTECTED: <input type="checkbox"/> YES <input type="checkbox"/> NO
	VARIABLE SPEED DRIVE (VSD): <input type="checkbox"/> YES <input type="checkbox"/> NO			
	VSD MANUFACTURE:		MODEL:	
PUMP 4: SPECIFICATION SHEET MUST BE PROVIDED	FUNCTION: <input type="checkbox"/> CIRCULATION <input type="checkbox"/> HYDROTHERAPY JET <input type="checkbox"/> WATER FEATURE <input type="checkbox"/> SOLAR HEATER <input type="checkbox"/> WEIR <input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> SLIDE <input type="checkbox"/> OTHER			
	MANUFACTURE:		MODEL:	
	QUANTITY:	HP:	RPM:	MEETS NSFI STD 50: <input type="checkbox"/> YES <input type="checkbox"/> NO
	PHASE:	GPM:	AT TDH	GFCI PROTECTED: <input type="checkbox"/> YES <input type="checkbox"/> NO
	VARIABLE SPEED DRIVE (VSD): <input type="checkbox"/> YES <input type="checkbox"/> NO			
	VSD MANUFACTURE:		MODEL:	



FILTER: SPECIFICATION SHEET MUST BE PROVIDED	TYPE: <input type="checkbox"/> SAND <input type="checkbox"/> CARTRIDGE <input type="checkbox"/> D.E. <input type="checkbox"/> OTHER		QUANTITY:
	MANUFACTURE:		MODEL:
	TOTAL AREA: SQ.FT	AIR RELIEF: <input type="checkbox"/> AUTO <input type="checkbox"/> MANUAL	MEETS NSF1 STD 50: <input type="checkbox"/> YES <input type="checkbox"/> NO
FILTER VALVE: SPECIFICATION SHEET MUST BE PROVIDED	TYPE: <input type="checkbox"/> MULTIPORT <input type="checkbox"/> OTHER		MEETS NSF1 STD 50: <input type="checkbox"/> YES <input type="checkbox"/> NO
	MANUFACTURE:		MODEL:
	QUANTITY:		SIZE:
GAUGES:	<input type="checkbox"/> VACUUM (BEFORE PUMP) <input type="checkbox"/> PRESSURE (AFTER PUMP) <input type="checkbox"/> FILTER INFLUENT PRESSURE		
FLOW REGULATING DEVICE:	MANUFACTURE:		MODEL:
HEATER: SPECIFICATION SHEET MUST BE PROVIDED	TYPE: <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> SOLAR <input type="checkbox"/> OTHER		SIZE: <input type="checkbox"/> BTU <input type="checkbox"/> kW
	MANUFACTURE:		MODEL:
	BYPASS PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	INTERNAL <input type="checkbox"/> YES <input type="checkbox"/> NO	MANUAL <input type="checkbox"/> YES <input type="checkbox"/> NO
PIPING:	TYPE: <input type="checkbox"/> PVC (NSF-pw/NSF-14/ANSI-NSF 61 LISTED) <input type="checkbox"/> COPPER <input type="checkbox"/> OTHER		
	TYPE: <input type="checkbox"/> PVC (NSF-pw/NSF-14/ANSI-NSF 61 LISTED) <input type="checkbox"/> COPPER <input type="checkbox"/> OTHER		
	TYPE: <input type="checkbox"/> PVC (NSF-pw/NSF-14/ANSI-NSF 61 LISTED) <input type="checkbox"/> COPPER <input type="checkbox"/> OTHER		
FLOW METER: SPECIFICATION SHEET MUST BE PROVIDED	MANUFACTURE:		MODEL:
	RANGE: - GPM	TYPE:	
	LOCATION:		PIPE WIDTH: INCH
DISINFECTANT FEEDERS: SPECIFICATION SHEET MUST BE PROVIDED	TYPE: <input type="checkbox"/> LIQUID <input type="checkbox"/> DRY CHEMICAL <input type="checkbox"/> GAS <input type="checkbox"/> IN-LINE ELECTROLYTIC CHLORINE GENERATOR		
	MANUFACTURE:		MODEL:
	QUANTITY:	UL/ETL LISTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	MEETS NSF1 STD 50: <input type="checkbox"/> YES <input type="checkbox"/> NO
	MAXIMUM APPROVED TOTAL FEEDER CAPACITY: GALLONS		
	FEEDER IS CERTIFIED BY: <input type="checkbox"/> NSF <input type="checkbox"/> IAPMO <input type="checkbox"/> UL <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER		
	FEEDER IS CONNECTED TO VSD: <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDITIONAL DISINFECTANT FEEDER: SPECIFICATION SHEET MUST BE PROVIDED	TYPE: <input type="checkbox"/> OZONE <input type="checkbox"/> ION <input type="checkbox"/> UV/H ₂ O ₂ <input type="checkbox"/> OTHER:		QUANTITY:
	MANUFACTURE:		MODEL:
	UL/ETL LISTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	MEETS NSF1 STD 50: <input type="checkbox"/> YES <input type="checkbox"/> NO	GFCI PROTECTED: <input type="checkbox"/> YES <input type="checkbox"/> NO
	OPERATED IN CONJUNCTION WITH AN APPROVED DISINFECTANT FEEDER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
	FEEDER IS CERTIFIED BY: <input type="checkbox"/> NSF <input type="checkbox"/> IAPMO <input type="checkbox"/> UL <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER		
	FEEDER IS CONNECTED TO VSD: <input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER CHEMICAL FEEDER: SPECIFICATION SHEET MUST BE PROVIDED	TYPE: <input type="checkbox"/> LIQUID PH CONTROL <input type="checkbox"/> CO ₂ <input type="checkbox"/> OTHER		QUANTITY:
	MANUFACTURE:		MODEL:
	CONTROLLER IS CERTIFIED BY: <input type="checkbox"/> NSF <input type="checkbox"/> IAPMO <input type="checkbox"/> UL <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER		
	FEEDER IS CONNECTED TO VSD: <input type="checkbox"/> YES <input type="checkbox"/> NO		



WASTE DISPOSAL:	TYPE: <input type="checkbox"/> SUMP PIT <input type="checkbox"/> D.E. SEPARATION TANK <input type="checkbox"/> INCH AIR GAP TO SEWER		
	CARTRIDGE RINSE TO: <input type="checkbox"/> MOP SINK <input type="checkbox"/> OTHER:		
ELECTRICAL:	MEETS NEC: <input type="checkbox"/> YES <input type="checkbox"/> NO	UL/ETL LISTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	GFCI PROTECTED: <input type="checkbox"/> YES <input type="checkbox"/> NO
LIGHTING:	AREA LIGHTING: <input type="checkbox"/> YES <input type="checkbox"/> NO	CLOSES AT DARK: <input type="checkbox"/> YES <input type="checkbox"/> NO	WATTS OR EQUIVALENT:
		SHIELDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
		GFCI PROTECTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	ABOVE WATER: <input type="checkbox"/> YES <input type="checkbox"/> NO
		COMPLIES WITH NAC 444.142: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	UNDERWATER LIGHTING	TYPE: <input type="checkbox"/> INCANDESCENT <input type="checkbox"/> LED	WATTS OR EQUIVALENT:
	LUMENS:	GFCI PROTECTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
BARRIERS:	TYPE: <input type="checkbox"/> FENCE <input type="checkbox"/> WALL <input type="checkbox"/> GLASS-LIKE <input type="checkbox"/> OTHER		
	MATERIAL(S):		HEIGHT: FT
	GATE HANDLE: <input type="checkbox"/> LATCH <input type="checkbox"/> KNOB <input type="checkbox"/> PANIC BAR <input type="checkbox"/> OTHER:		
	GATE HANDLE IS 42 INCHES FROM FINISHED FLOOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		
	GATE SELF-LATCHING: <input type="checkbox"/> YES <input type="checkbox"/> NO		GATE SELF-CLOSING: <input type="checkbox"/> YES <input type="checkbox"/> NO
	NO EXTERNAL HANDHOLDS OR FOOTHOLDS IN OR NEAR THE BARRIER: <input type="checkbox"/> YES <input type="checkbox"/> NO		
DIVING BOARDS:	TYPE: <input type="checkbox"/> BLOCK <input type="checkbox"/> SPRING <input type="checkbox"/> PLATFORM <input type="checkbox"/> TOWER		MEETS ANSI/NSPI 1 STD: <input type="checkbox"/> YES <input type="checkbox"/> NO
	LEVEL: <input type="checkbox"/> 1-METER <input type="checkbox"/> 3-METER <input type="checkbox"/> OTHER		QUANTITY: LIFELINE PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
SLIDES:	QUANTITY:	NUMBER OF ATTENDENTS:	LIFELINE PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
EQUIPMENT ENCLOSURE:	ENCLOSURE ACCEPTABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO		DRAINAGE ACCEPTABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	ADEQUATE LIGHTING: <input type="checkbox"/> YES <input type="checkbox"/> NO	ADEQUATE CLEARANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO	STORAGE ACCEPTABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	ANY PART OF EQUIPMENT BELOW GRADE: <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE STAIRS PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
MISC:	DRINKING FOUNTAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> BOTTLED WATER		INTEGRAL VACUUM CLEANING SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO
	SPARE PUMP STRAINER BASKET: <input type="checkbox"/> YES <input type="checkbox"/> NO		
	CONTINGENCY PLAN REQUIRED FOR BOTTLED WATER, PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
	ACOUSTICAL TREATMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATING INSTRUCTIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO	VENTILATION EXCHANGES: PER HOUR EMERGENCY PHONE PROVIDED OUTSIDE ENCLOSURE: <input type="checkbox"/> YES <input type="checkbox"/> NO
SVRS/VS: SPECIFICATION SHEET MUST BE PROVIDED	MANUFACTURE:		MODEL:
	INTERGAL TO PUMP: <input type="checkbox"/> YES <input type="checkbox"/> NO		
BATHHOUSE:	DISTANCE FROM POOL TO FARTHEST ADJACENT LIVING QUARTERS:		FT
	DISTANCE FROM POOL TO BATHHOUSE:		FT



BATHHOUSE (con't):	CHECK ALL THAT APPLY			
	<input type="checkbox"/> SEPARATE MALE AND FEMALE		<input type="checkbox"/> WELL LIGHTED	<input type="checkbox"/> DRAINED
	<input type="checkbox"/> VENTED		<input type="checkbox"/> HOSE BIB(S)	<input type="checkbox"/> LIGHT COLOR
	<input type="checkbox"/> POOL ENTRANCE AT OR NEAR SHALLOW END		<input type="checkbox"/> MINIMUM WATER TEMP 90°F	<input type="checkbox"/> DRINKING FOUNTAIN
	<input type="checkbox"/> IMPERVIOUS MATERIALS		<input type="checkbox"/> SLIP RESISTANT FLOORS	<input type="checkbox"/> FLOOR SLOPED .25INCH/FT TO DRAIN
	<input type="checkbox"/> FLOOR/WALL JUNCTURE COVERED		<input type="checkbox"/> SOAP DISPENSERS AT LAVATORIES	<input type="checkbox"/> SOAP DISPENSERS AT SHOWER
	<input type="checkbox"/> UNBREAKABLE MIRRORS		<input type="checkbox"/> TOILET PAPER	<input type="checkbox"/> PAPER TOWELS
	<input type="checkbox"/> CLOTH TOWEL PROVIDED (ATTACH LAUNDERING METHOD)			<input type="checkbox"/> FURNITURE EASILY CLEANABLE
	<input type="checkbox"/> FIRE EXTINGUISHER		<input type="checkbox"/> FIRE EXIT	
	MEN'S ROOM	NUMBER OF TOILETS:		NUMBER OF LAVATORIES:
NUMBER OF URINALS:		MAX NUMBER OF MALE BATHERS:		
WOMEN'S ROOM	NUMBER OF TOILETS:		NUMBER OF LAVATORIES:	NUMBER OF SHOWERS:
	MAX NUMBER OF FEMALE BATHERS:			
GENERAL OPERATIONS INFORMATION				
LIFEGUARDS:	MINIMUM REQUIRED:		CHAIRS:	STATIONS:
	LIFEGUARD PLAN PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
SAFETY EQUIPMENT:	20" RING BUOY: <input type="checkbox"/> YES <input type="checkbox"/> NO		QUANTITY:	ROPE LENGTH: FT
	RESCUE TUBE: <input type="checkbox"/> YES <input type="checkbox"/> NO			
	SHEPHERD'S CROOK/POLE WITH 12 FOOT HANDLE: <input type="checkbox"/> YES <input type="checkbox"/> NO			QUANTITY:
	FIRST AID KIT: <input type="checkbox"/> YES <input type="checkbox"/> NO		TWO BLANKETS: <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFELINE: <input type="checkbox"/> YES <input type="checkbox"/> NO
NOTICES:	CHECK ALL THAT APPLY			
	<input type="checkbox"/> NO DIVING	<input type="checkbox"/> RULES	<input type="checkbox"/> CAUTION – CHLORINE GAS	
	<input type="checkbox"/> SOLO BATHING IS PROHIBITED	<input type="checkbox"/> WATER RECREATION ATTRACTION WARNING SIGN	<input type="checkbox"/> SERVICE COMPANY/OPERATOR	
	<input type="checkbox"/> MAXIMUM BATHER CAPACITY	<input type="checkbox"/> EMERGENCY PHONE LOCATION	<input type="checkbox"/> EMERGENCY PHONE NUMBER(S) OR 911	
	<input type="checkbox"/> ARTIFICIAL RESPIRATION PROCEDURES	<input type="checkbox"/> NO SWIMMING, BATHING OR OTHER USE OF FACILITY ALLOWED AFTER DARK	<input type="checkbox"/> CHILDREN UNDER 14 YEARS OLD SHOULD NOT USE FACILITY WITHOUT AN ADULT IN ATTENDANCE (POOLS)	
	<input type="checkbox"/> EXTENDED EXPOSURE TO HOT WATER AND VAPORS WARNING (SPA)	<input type="checkbox"/> CHILDREN 12 YEARS AND UNDER MUST BE ACCOMPANIED BY AN ADULT (SPA)	<input type="checkbox"/> THE MAXIMUM RECOMMENDED TIME FOR SUCH CHILDREN TO USE THE SPA IS 10 MINUTES (SPA)	
	<input type="checkbox"/> WARNING- NO LIFEGUARD ON DUTY	<input type="checkbox"/> NO LIFEGUARD SERVICE PROVIDED BEYOND THIS POINT		
TEST KIT:	MANUFACTURE:			MODEL:
	TEST: <input type="checkbox"/> pH <input type="checkbox"/> DISINFECTANT <input type="checkbox"/> TOTAL ALKALINITY <input type="checkbox"/> CYANURIC ACID <input type="checkbox"/> OTHER:			



INFORMATION REGARDING REMODEL WORK TO BE DONE

DESCRIBE SCOPE OF WORK IN DETAIL:

MATERIALS USED (INCLUDE ALL PERTAINENT INFORMATION INCLUDING MANUFACTURE, MODEL, COLOR ...):

SPECIFICATION SHEETS INCLUDED: ☐ YES ☐ NO