

Pool Self-Opening Checklist 2020

This form must be filled out and sent to our agency before opening to the public:

Email: HealthEHS@washoecounty.us

Fax: 775-328-6176

Facility Permit #: _____ Opening Date: _____

Facility Name: _____

Facility Address: _____

Facility Contact for Inspection: _____ Contact Phone #: _____

The following operating criteria were checked and found compliant with the State and Local Bathing Places and/or Public Spa regulations:

Water Chemistry

- **Must attach the Daily Operating Water Chemistry Records form (page 2) and include a minimum of 2 days of water chemistry data indicating the water is properly balanced before opening a pool to the public.**

Must complete and initial ALL items below:

Operating Flow Rate: _____ Minimum Flow Rate: _____ Maximum GPM of Filter: _____

- Records kept with measurements taken at least twice daily
- Pool/Spa Chemicals stored safely in a dry, cool area at least 2 feet from heat sources and electrical equipment
- Approved Test Kit on site
- Water Chemistry Checks within regulatory requirements (disinfectant, total alkalinity, pH, cyanuric acid)
- Anti-Vortex Drain visible and firmly attached
- Required Signage is posted, visible, and readable
- Properly stocked First Aid Kit on hand
- Bath houses and drinking fountains operational and in good repair
- Air gap a minimum of 6" provided between fresh water fill and the pool coping (3" for spas)
- Hot water in spas must have a temperature between 70°F and 104°F
- Emergency land line phone is available outside the enclosure and operating (must have dial tone)
- Required Lifesaving Equipment is available and functional
- Main drains clearly visible
- Pool/Spa enclosure is secure and gates are self closing and latching
- Pool/Spa deck does not present any tripping or other hazards

*Pool/Spa Filter Make/Model/GPM Rating: _____

Identify any equipment installed since the last inspection:

I understand that a routine inspection may be performed by the Health District following the opening and again at or near the end of the season. During those inspections the Health District representative will thoroughly inspect the facility for compliance with State and Local regulations with regards to construction standards and at that time may establish a date for compliance with any issues requiring construction and/or capital outlay.

By signing below I am acknowledging all of the above checked and initialed items meet or exceed the requirements to open and operate a public pool and/or spa permitted by the Washoe County Health District.

Print Name: _____ Sign Name: _____

Certified Public Swimming Pool and Spa Operator #: _____

ENVIRONMENTAL HEALTH SERVICES

1001 East Ninth Street, Building B | Reno, Nevada 89512
775-328-2434 | Fax: 775-328-6176 | washoecounty.us/health

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Public Health
Prevent. Promote. Protect.

Daily Operating Water Chemistry Records								
	Date		Date		Date		Date	
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
ACTUAL TIME								
BROMINE/CHLORINE								
pH								
TOTAL ALKALINITY								
CALCIUM HARDNESS								
CYANURIC ACID (ppm)								
WATER TEMPERATURE								
FLOW RATE								
BACKWASH (yes/no)								
ORP								
MAKEUP WATER								
CHEMICALS ADDED								
AMOUNT OF CHEMICALS ADDED								
VGB COMPLIANT EQUIPMENT CHECKED								
GATES/ DOORS/ SAFETY EQUIPMENT, ETC.								
OPERATOR'S INITIALS								

Notes regarding the facility can be included below:

Return completed form before opening pool: HealthEHS@washoecounty.us or Fax (775) 328-6176