

**New Jersey Department of Health  
Public Health and Food Protection Program**

**CHECKLIST FOR  
PUBLIC RECREATIONAL BATHING FACILITIES**

|              |  |      |
|--------------|--|------|
| Municipality | Local Health Authority:<br>Monmouth County Health Dept, 50 E Main St<br>Freehold NJ 07728 (732) 431-7456 | Date |
|--------------|--|------|

|  |
|--|
| Name of Public Recreational Bathing Facility |
|--|

|                    |                      |
|--------------------|----------------------|
| Dates of Operation | Type of PRB Facility |
|--------------------|----------------------|

|                       |              |  |
|-----------------------|--------------|--|
| PRB Facility Location | Phone Number | Special Exempt<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Both |
|-----------------------|--------------|--|

|                         |              |
|-------------------------|--------------|
| Owners Name and Address | Phone Number |
|-------------------------|--------------|

|                      |              |                     |
|----------------------|--------------|---------------------|
| Certified Laboratory | Phone Number | Date of Last Sample |
|----------------------|--------------|---------------------|

|                       |               |              |
|-----------------------|---------------|--------------|
| Trained Pool Operator | Email Address | Phone Number |
|-----------------------|---------------|--------------|

|               |                    |                  |                           |
|---------------|--------------------|------------------|---------------------------|
| <b>Codes:</b> | <b>X-Compliant</b> | <b>P-Pending</b> | <b>N/A-Not Applicable</b> |
|---------------|--------------------|------------------|---------------------------|

**PAPERWORK**

|                                       |                                      |
|---------------------------------------|--------------------------------------|
| TPO Certification No. and Exp. Date   | Log Book                             |
| Lifeguard Certifications Current      | Bonding and Grounding (5-year cert.) |
| Pro CPR Certifications Current        | Bonding and Grounding (Town)         |
| Aquatics Facility Plan                | CB-20 completed and submitted        |
| Water Sample(s) Results               | MSDS sheets for all chemicals        |
| Sanitary Surveys (N.J.A.C. 8:26-7.15) | Physical Hazards inspection          |

**GENERAL LAYOUT**

|  |   |
|--|---|
| Emergency Phone Numbers  | No Lifeguard on Duty Sign   |
| Pool/Natural Waters Rules Sign   | Adult Supervision Sign  |
| No Diving Signs  | Special Exempt Signs  |
| Caution Chemical Sign  | Spa Clock   |
| No Smoking Sign (Chem. Room)   | Spa Rules   |
| Depth Markings   | Diving Rules  |
| Entrance(s) Secure   | Cliff Jumps < 15'   |
| Floats and Fixed Platforms Permitted with LHA Approval                       | Equipment for continuous disinfect all types pool water and meet N.J.A.C. 8:26-3.22 |
| Diving stands, boards, ladders, stairs, all equipment maintained             | Pool chemicals stored, handled and used per manufacturer's instructions             |
| Water slides conform to CPSC and approved by LHA and/or NJDCA                | Anti-entrapment drain covers installed, all documentation on site                   |
| Rope drops, cliff jumping, and aquatic play equipment meet N.J.A.C. 5:14A-12 | Pool Floor (Clean and Visible)  |
| Surface area (Pool sq')  | Turnover Rate(s) (Pool)   |
| Volume (Pool)  | Pump Maximum Flow Rate(Pool)  |

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(Continued)**

|  |  |   |  |
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| <b>EQUIPMENT</b>   |  |   |  |
| Facility Phone   |  | Vacuum Equipment  |  |
| Guard (Uniform/Whistle)  |  | Skimmer Net   |  |
| DPD Test Kit   |  | # of Returns  |  |
| First Aid Kit  |  | Sight glass   |  |
| Rescue Tube(s)/LG  |  | Entrapment Issues   |  |
| Backboard  |  | Spa Requirements  |  |
| Straps   |  | Wading Pool Requirements  |  |
| Head Immobilizer   |  | Circulation System  |  |
| Shepherd Hooks   |  | Flow Meters   |  |
| Reaching Poles/Assist  |  | Continual Disinfection Device                                       |  |
| Safety Rope and Floats   |  | Secure Fencing  |  |
| Ring Buoys   |  | Self Close/Self Latching Gates                                      |  |
| Thermometer  |  | Diving Boards   |  |
| Goggles and Gloves   |  | Water Clarity   |  |
| Emergency numbers posted   |  | Lifeguard platforms or stands                                       |  |
| Paddle Rescue Device   |  | Emergency care room (500+)  |  |
| <b>GENERAL SANITATION AND MAINTENANCE</b>                              |  |   |  |
| Bathrooms (Cleaned and Stocked)  |  | Only unbreakable mirrors provided                                   |  |
| Separate BR facilities (each sex)                                      |  | Sanitary sewage and filter backwash waters handled properly         |  |
| Sanitary facilities maintained and constructed of impervious materials |  | Solid waste stored in watertight containers with tight-fitting lids |  |
| Floors have slip-resistant surface                                     |  | Potable water supply source and of safe and sanitary quality        |  |
| Suitable receptacles provided for paper towels and waste materials     |  | All buildings rodent and insect proofed                             |  |
| Soap dispenser provided, hot and cold water                            |  | Premises maintained to prevent the breeding and harborage of vermin |  |
| <b>CHEMICALS / DISINFECTANTS (POOLS)</b>                               |  |   |  |
| Free Chlorine (10 ppm max)   |  | pH (7.2 – 7.8)  |  |
| Total Chlorine (ppm)   |  | Total Alkalinity (60 – 180 ppm)                                     |  |
| Combined Chlorine ( $\leq .2$ )  |  | Calcium Hardness (ppm)  |  |
| Other Disinfectant   |  | Cyanuric Acid (10 - 100ppm) Outdoor                                 |  |

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| <b>SUPERVISION</b>  |  |  |  |
| Operations supervised by an adult                               |  | Aquatics Facility plan executed              |  |
| Standard first aid and Pro CPR                                  |  | All lifeguards identifiable                  |  |
| Pools have TPO, TPO onsite weekly                               |  | Lifeguards equipped with a whistle           |  |
| Adequate number of Lifeguards                                   |  | Emergency Drills documented                  |  |
| <b>BATHING WATER QUALITY</b>                                    |  |  |  |
| Pool water approved water source                                |  | Pool chemistry monitored (2 hrs)             |  |
| Water samples collected weekly                                  |  | Deaths/serious injuries reported             |  |
| 1 <sup>st</sup> sample failed warning signs                     |  | 2 <sup>nd</sup> sample failure closure signs |  |
| <b>COMMENTS</b>   |  |  |  |
|   |  |  |  |

*I verify that the statements made in this form are true and accurate and this Public Recreational Bathing facility meets the requirements of N.J.A.C. 8:26 et seq. I understand that all the information provided, if falsified, can be used against me in court, by the authorities.*

|                        |                   |
|------------------------|-------------------|
| Signature of Owner/TPO | Title or Position |
|------------------------|-------------------|