

Public Swimming Pool/Spa Inspection Corrective Action Requirements Form

Pool/Spa Name and Number: _____ 29-60- _____ Date of Inspection _____ 

Enter Password
 Edit Mode: ON _____ *The violations checked below require immediate attention*

___ Type A violations require immediate closure until corrected
 ___ Type B violations require correction within 7 days ___ Type C violations require correction within 30 days
 ___ FBC violations require correction by July 1 to sustain DOH operation permit.
 ___ FBC code violations to be abated by next routine inspection.

Type A

1. Severe Water Clarity/Debris/Algae	20. Restrooms Inoperable
2. Hazardous Deck or Curb	22. Free Chlorine/Bromine
3. Sharp/Broken Tile	23. pH
4. Missing 3 or more Depth Markers	28. Missing/Inoperable Disinfection Equipment
5. Loose/Broken Handrail/Ladder	30. Chemical Container Labels
6. Step Marking	31. Missing/Inoperable Filter Pump
7. Broken/Missing Main Drain Grate	37. Bacterial/Chemical Contaminations
8. Exposed/Missing Skimmer Grate	38. Leaking Gas Chlorine
9. Lighting (Night Swimming)	46. Anti-Entrapment
10. Missing 3 or more No Dive Markings	47. Fence Breach
14. Life Hook w/Pole	48. Physical Hazard/Contamination
15. Life Ring w/Rope	48. Current Permit/Open w/A Violations
16. Safety Line	48. Drowning Due to Pool Facility Condition

Type B

27. Pool water level is lower than gutter or skimmer	34. Inoperable/missing Spa/Pool Thermometer
48. Non-adherence to DOH approved safety plan for climbable structures	

Type C

1. Water Clarity/Debris/Algae	21. Approved Test Kit	29. Missing/Inoperable pH Feeder	36. Chemical Storage
2/3. Deck/Curb/Tile Repair Needed	24. Cyanuric Acid	31. Flow Rate +/- 20%	46. Anti-Entrapment Device
7. Main Drain Grate/Pool Rules	25. ORP/pH Controller	33. Missing/Inoperable Flowmeter	48. No Valid Permit/No application for permit
20. Less than required number of restroom	27. Missing/Inoperable Skimmer grates/Weir door	35. Missing/Inoperable Pressure/Vacuum Gauge	

Manager/Operator MUST sign Statement below and return this form by email to

[@flhealth.gov](mailto:_____@flhealth.gov)

By Fax: (813) 272-7242

By Mail: DOH-Hillsborough -- EH, PO Box 5135, FL 33675-5135

Manager Certification of Correction:

All Type A violations were corrected on _____ 
 All Type B violations were corrected on _____ 
 All Type C violations were corrected on _____ 
 Type FBC violations were corrected on _____ 

Manager's Name _____ Signature _____ Date _____ 