

**The Pool at Lower Makefield Township
FACILITY SAFETY CHECKLIST
(Pool Manager or Alternate to Complete as Scheduled)**

DATES:	MAY 22	JUNE 1	JULY 1	AUGUST 1	SEPT. 1
Completed By (Initials):					
MAIN OFFICE					
Emergency Action Plan Accessible					
Incident Report Forms Available					
Operational Phone					
AED					
FIRST AID SUPPLIES					
Scissors/Tweezers					
Antiseptic Towelettes/Alcohol Prep Pads					
Nitrile Gloves [Latex gloves can trigger allergic dermatitis in sensitive individuals]					
Sterile Pads 3"X3" & 2"X2"					
Adhesive Tape/Band-Aids					
Mask and Face shield					
CPR mask and One-way Valve					
Fluid Control Solidifier					
Bio-Hazardous Waste Bag					
Bag-Valve Mask					
POOL PUMP ROOM					
Eyewash Station Stocked					
Fire Extinguisher Available & Charged					
Pumps/ Pipes/ Chemtrol / Feeders Operational					
Filters (p.s.i within working range)					
Lights					
Area Orderly					
Clean Strainer Basket					
Clean Chemtrol Probes					
Switches Operational					
LAP POOL – PUMP ROOM					
Eyewash Station Stocked					
Fire Extinguisher Available & Charged					
Pumps/ Pipes/ Chemtrol / Feeders/Thermostats Operational					
Filters (p.s.i within working range)					
Lights					
Clean Probes					
Area Orderly					
Switches Operational					

CHEMICAL AREA					
Eye Protection Available					
Chemicals Stored Properly					
Leaks					
Chemical Pumps Connected & Operational (leaks?)					
Exit Doors Clear					
Area Orderly					
Switches Operational					
BEHIND CHEMICAL ROOM					
Caps on Acid Barrels					
Gate Locked					
Area Orderly					
Outside Light On					
STAFF & EQUIPMENT ROOM					
Leaks					
Lights					
On/Off Switches working					
Area Orderly					
GUEST AREAS, RESTROOMS, POOL DECK & GROUNDS					
No Standing Water on Walking Surfaces					
Deck Tiles & Drains Intact					
No Bolts Exposed					
Cover on Pit (secure)					
Lifeguard Stands					
Safety Equipment (Specify?)					
Exit Doors Clear					
Electrical Outlets					
Signs					
Windows					
Lights					
Pool Railing & Steps					
Umbrella Bases – Tight and Secure					
NOTES:					

Completed By: _____
 (Print Name)

 (Signature)

Supervisor: _____
 (Print Name)

 (Signature)

***Upon complete submit a copy to Lynn Todd, Operations Manager monthly