

PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

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Health Commissioner

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BATHING BEACH INSPECTION CHECKLIST

Name _____ Phone _____

Location _____ Township _____

Mailing Address _____

Operator Name _____ Permit # _____

SECTION 1 DEFINITIONS

F. Qualified Lifeguard

- () 1. At least age 15
- () 2. Physical/Mentally capably
- () 3. Trained in first aid/CPR
- () 4. Trained in water safety/rescue

SECTION 2 LICENSE REQUIRED

- () Current license

SECTION 3 TERMS AND CONDITIONS OF OPERATION

A. Swimming Areas

- () 1. Areas clearly marked
- () 2. Bottoms free from hazards
- () 3. Water depths/diving
- () 4. Lifeguard equipment
- () 5. Backboard
- () 6. First-aid kit
- () 7. Equipment maintenance
- () 8. Health rules posted
- () 9. Telephone available/#'s posted
- () 10. Artificial lighting for night swimming
- () 11. Communicable disease

B. Shore Areas

- () 1. Free from debris
- () 2. Refuse containers

C. Bathhouse Areas

- () 1. Construction
- () 2. Maintenance/cleanliness
- () 3. Sewage disposal
- () 4. Sewage maintenance
- () 5. Water supply systems
- () 6. Drinking water supplies

D. Lifeguards

- () 1. Adequate # on duty
- () 2. Elevated chair/unobstructed view
- () 3. Water surface in field of vision
- () 4. Walking guard
- () 5. Diving/sliding area - extra guard
- () 6. Manned rescue boat/board

E. Water Quality

- () Meets bacteriological standards

F. Responsibility of Licensee

- () 1. Adequate personnel
- () 2. Lifeguard qualifications on file
- () 3. Accident reports on file

G. Inspections

- () Health Dept. entry

Date _____ Inspected by _____ Received by _____