Borough of Aldan

BOARD OF HEALTH

One W. Providence Road
Aldan, Pennsylvania 19018
626-3554

Pool Inspection Reporting Form

Name: _____ Date of Inspection: _____

Address: _____ Phone Number : _____

Type of pool: In ground:_____ Aboveground: _____ Approximate depth of pool: _____

1) Is the pool surrounded by a fence of substantial construction not less than four (4) feet in height and in reasonably good condition? _____

2) Is the fence set back a minimum of three (3) feet from the edge of the pool? _____

3) Is the fence equippped with a self closing gate and complete with a self closing latch and lock? _____

4) Are all parts of the deck and pool structure in reasonably good condition? _____

5) Is there a ladder or steps sufficient to exit the pool to the ground? _____

6) Is the water clear and free of debris and the pool bottom clean? _____

Recommendations/Corrections required

_____

_____

_____

_____

_____

_____

_____

OUTCOME OF INSPECTION
Satisfactory _____
Not Satisfactory _____
Reinspection Date _____

_____ _____
Signature Print Name of Inspector

_____ _____
Signature Print name of person receiving form Repform.98