



Instructions for the Annual Self-Inspection Checklist Form

The Rhode Island Department of Health is providing the Annual Self-Inspection Checklist Form to ensure that licensed aquatic venues are being operated and maintained in a safe and sanitary manner. If you have questions about aquatic venue operation and maintenance, you can contact the Center for Drinking Water Quality by calling 401-222-6867 or emailing DOH.RIDWQ@health.ri.gov and asking for the aquatic venues program.

Licensed aquatic venue owners or responsible parties must complete one Annual Self-Inspection Checklist form for each aquatic venue in their organization (pools, spas, floatation tanks, etc.) every year. **Review the following instructions before completing the checklist.**

Enter Aquatic Venue Licensing Information at the Top of the Document

In the SWM# field, enter the aquatic venue licensing number. In the SW# field, enter the filing number (optional). You must enter the date of the inspection, facility address information, and name of the staff completing the checklist and indicate the venue type.

Inspect Items and Complete the Checklist

The Annual Self-Inspection Checklist form is organized by general topics and each item is given a number. Thoroughly inspect each aquatic venue using the items in the checklist. Use the Compliance Item Descriptions, which follow the checklist, to determine if the venue is “In” compliance or “Out” of compliance with each item. You must mark the appropriate column on the form for each item. “N/A”, or not applicable, should only be selected if the aquatic venue is not required to have the component(s) referenced in the checklist item.

If an item is “Out” of compliance:

Checklist items **in bold** are critically important. If an aquatic venue is out of compliance with bolded items, then the responsible party must take immediate action to correct the deficiency, which may include but is not limited to consulting with your aquatic venues/pools professional or reaching out to the Rhode Island Department of Health for guidance. **If compliance cannot be met immediately the aquatic venue must be closed** as per Licensing Aquatic Venues Regulations Section 4.3.9(C) and 4.6.2(B).

If an item that was identified as “Out” of compliance is returned to compliance immediately, the responsible party may also mark the item as “Fixed.” For example, glass objects found in pool area were removed at the time of the inspection.

For more information about the regulations, visit <https://health.ri.gov/pools>.

For Hot Tubs, Spas, and Therapy Pools: Complete Tables for Required Cleaning Schedule

If the aquatic venue is a hot tub, spa, or therapeutic pool, complete the table showing the cleaning schedule. For all other aquatic venue types, check the box to indicate this section is not applicable.

Complete Tables for Required Heterotrophic Plate Count (HPC) Sampling

Complete the appropriate table for HPC sampling depending on whether the aquatic venue is open year-round or seasonally. Free chlorine residual, combined chlorine, and pH must be

measured and recorded at the same time as sample collection and must be reported using the table.

Submit the Checklist with Attachments

Attach the following documents to the completed checklist. The attachments will be reviewed along with the completed self-inspection form(s).

- One copy of logs of water quality readings taken during the two weeks preceding the inspection,
- One completed *Virginia Graeme Baker Pool and Spa Safety Act* Compliance Annual Attestation, and
- Heterotrophic Plate Count (HPC) laboratory analysis reports.

Completed checklists and all attachments must be signed by the aquatic venue owner or other responsible party and submitted by mail to – Rhode Island Department of Health, Center for Drinking Water Quality, Room 209, 3 Capitol Hill Providence, RI 02908-5097 or sent by email to DOH.RIDWQ@health.ri.gov.