



Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048
Phone: 800.784.1887, Fax: 508.337.3698

SWIMMING POOL SURVEY (complete for each pool managed)

Pool Name: _____ Number of Members: _____

Address: _____ Pool Capacity: _____

POOL

Dimensions _____ Depth: Min _____ Max _____ Hours of operation: from _____ to _____

Operating months: from _____ to _____ Lifeguard-to-swimmer ratio: _____ to _____

Are depth markers clearly visible above the water line? Yes No

Are diving boards or diving platforms present? Yes No

If yes, how many? _____ Height of each diving board or diving platform: _____

Are there pool slides? Yes No

If yes, how many? _____ Height of each slide: _____

Is the shallow end of the pool roped off? Yes No

Are "No Running" signs posted? Yes No

Are the rules of the pool posted? (please attach a copy) Yes No

Is the pool fenced? Yes No

If so, height of the fence? _____

Does pool have self-latching gates? Yes No

Is the fence locked when the pool is not in use? Yes No

Is the fence locked when the lifeguard is not present? Yes No

Is life-safety equipment available at poolside? Yes No

Are alcoholic beverages permitted in the pool area? Yes No

Are glass containers permitted in the pool area? Yes No

Are pool passes required? Yes No

If yes, who checks the passes? _____

Are under-age children allowed pool access without a parent? Yes No

Minimum age for pool access without a parent? _____

Are waivers of liability, signed by swimmers or parents, obtained? Yes No

(If waivers are used, please attach a copy.)

Is a CPR-trained individual on duty at all times when pool is open? Yes No

Is pool in compliance with federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No



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LIFEGUARDS

Are lifeguards present during operating hours? Yes No

Are all lifeguards American Red Cross (or equivalent) certified? Yes No

Is certification current? Yes No

Are supervised safety exercise drills held periodically? Yes No

 If so, is a record log maintained? Yes No

Is a certificate of insurance obtained from the pool owners? Yes No

Are swimmers allowed in the pool while the pool is being serviced? Yes No

JACUZZI OR WHIRLPOOL

Is there a Jacuzzi or Whirlpool? Yes No

Can temperature be adjusted by anyone? Yes No

 Maximum temperature setting: _____

Are Jacuzzi or Whirlpool in compliance with federal Virginia Graeme Baker Pool and Spa Safety Act? Yes No

OTHER ISSUES

Does the club/pool have a swim team? Yes No

 If yes, number of meets held on premises: _____

Is there diving instruction or diving competition held at the pool? Yes No

Is competitive diving taught? Yes No

Is scuba diving taught at the pool? Yes No

Are trampolines used? Yes No

How often is water tested and by whom? _____

Please submit a photograph of the pool and pool area with this survey.

Pool Manager's Signature: _____ Date: _____