



Customer Name: _____ **Date:** _____

Street Address: _____ **Time:** _____

Chemical Levels:

CHL PH TA CAL CYA SALT OTHER

Status of Pool:

Cleaned / Working / Good Condition

- | Yes | No | | Notes: |
|--------------------------|--------------------------|--|--------|
| <input type="checkbox"/> | <input type="checkbox"/> | Pool Floor | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Spa | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Photo Pool & Spa Equipment | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Skimmer Baskets | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Pump Baskets | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment Area | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Pool Sweep | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Parts in good condition
(Polaris Bag, Tail, etc.) | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Safe Water Level | _____ |

Maintenance Issues:

Good Condition / Safe Condition

- | Yes | No | | |
|--------------------------|--------------------------|------------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Safety Concern (circle item) | Drain Gate Electric Other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Deck Needs Sealing | Approx. Sq Ft: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Water Needs Changing | Notes: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Loose Stone or Tiles | Notes: _____ |

Please list any other special notes/advise about this pool inspection: _____

Inspection Completed By: _____