

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 equipped 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**

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**OUTCOME OF INSPECTION**

Satisfactory \_\_\_\_\_  
Not Satisfactory \_\_\_\_\_  
Reinspection Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name of Inspector

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name of person receiving form Repform 98