

Town of Kearny

Department of Health

Public Recreational Bathing Facility License Application

Application Type <input type="checkbox"/> Initial (\$200) <input type="checkbox"/> Renewal (\$200)	Local Health Authority Kearny Health Department	Date
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Name of Public Recreational Bathing Facility
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Dates of Operation	Type of PRB Facility
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PRB Facility Location	Phone Number	Special Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Both
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Owners Name and Address	Phone Number
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Certified Laboratory	Phone Number	Date of Last Sample
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Trained Pool Operator	Email Address	Phone Number
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Codes: X-Compliant P-Pending N/A-Not Applicable

PAPERWORK

TPO Certification No. and Exp. Date	Log Book	
Lifeguard Certifications Current	Bonding and Grounding (5-year cert.)	
Pro CPR Certifications Current	Bonding and Grounding (Town)	
Aquatics Facility Plan	CB-20 completed and submitted	
Water Sample(s) Results	MSDS sheets for all chemicals	
Sanitary Surveys (N.J.A.C. 8:26-7.15)	Physical Hazards inspection	

GENERAL LAYOUT

Emergency Phone Numbers	No Lifeguard on Duty Sign	
Pool/Natural Waters Rules Sign	Adult Supervision Sign	
No Diving Signs	Special Exempt Signs	
Caution Chemical Sign	Spa Clock	
No Smoking Sign (Chem. Room)	Spa Rules	
Depth Markings	Diving Rules	
Entrance(s) Secure	Cliff Jumps < 15'	
Floats and Fixed Platforms Permitted with LHA Approval	Equipment for continuous disinfect all types pool water and meet N.J.A.C. 8:26-3.22	
Diving stands, boards, ladders, stairs, all equipment maintained	Pool chemicals stored, handled and used per manufacturer's instructions	
Water slides conform to CPSC and approved by LHA and/or NJDCA	Anti-entrapment drain covers installed, all documentation on site	
Rope drops, cliff jumping, and aquatic play equipment meet N.J.A.C. 5:14A-12	Pool Floor (Clean and Visible)	
Surface area (Pool sq')	Turnover Rate(s) (Pool)	
Volume (Pool)	Pump Maximum Flow Rate(Pool)	

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EQUIPMENT			
Facility Phone		Vacuum Equipment	
Guard (Uniform/Whistle)		Skimmer Net	
DPD Test Kit		# of Returns	
First Aid Kit		Sight glass	
Rescue Tube(s)/LG		Entrapment Issues	
Backboard		Spa Requirements	
Straps		Wading Pool Requirements	
Head Immobilizer		Circulation System	
Shepherd Hooks		Flow Meters	
Reaching Poles/Assist		Continual Disinfection Device	
Safety Rope and Floats		Secure Fencing	
Ring Buoys		Self Close/Self Latching Gates	
Thermometer		Diving Boards	
Goggles and Gloves		Water Clarity	
Emergency numbers posted		Lifeguard platforms or stands	
Paddle Rescue Device		Emergency care room (500+)	
GENERAL SANITATION AND MAINTENANCE			
Bathrooms (Cleaned and Stocked)		Only unbreakable mirrors provided	
Separate BR facilities (each sex)		Sanitary sewage and filter backwash waters handled properly	
Sanitary facilities maintained and constructed of impervious materials		Solid waste stored in watertight containers with tight-fitting lids	
Floors have slip-resistant surface		Potable water supply source and of safe and sanitary quality	
Suitable receptacles provided for paper towels and waste materials		All buildings rodent and insect proofed	
Soap dispenser provided, hot and cold water		Premises maintained to prevent the breeding and harborage of vermin	
CHEMICALS / DISINFECTANTS (POOLS)			
Free Chlorine (10 ppm max)		pH (7.2 – 7.8)	
Total Chlorine (ppm)		Total Alkalinity (60 – 180 ppm)	
Combined Chlorine ($\leq .2$)		Calcium Hardness (ppm)	
Other Disinfectant		Cyanuric Acid (10 - 100ppm) Outdoor	

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SUPERVISION			
Operations supervised by an adult		Aquatics Facility plan executed	
Standard first aid and Pro CPR		All lifeguards identifiable	
Pools have TPO, TPO onsite weekly		Lifeguards equipped with a whistle	
Adequate number of Lifeguards		Emergency Drills documented	
BATHING WATER QUALITY			
Pool water approved water source		Pool chemistry monitored (2 hrs)	
Water samples collected weekly		Deaths/serious injuries reported	
1 st sample failed warning signs		2 nd sample failure closure signs	
COMMENTS			

I verify that the statements made in this form are true and accurate and this Public Recreational Bathing facility meets the requirements of N.J.A.C. 8:26 et seq. I understand that all the information provided, if falsified, can be used against me in court, by the authorities.

Signature of Owner/TPO	Title or Position
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OFFICE USE ONLY			
Inspector's Initials: _____	Date: _____	Fee: _____	Cash/Check#: _____
License #: _____	Issue Date: _____	Expiration Date: _____	

Please be advised that all public recreational bathing facilities annually EXPIRE on May 31st.