

# ARLINGTON COUNTY POOL ELECTRICAL INSPECTION APPLICATION

2011
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Public Health Division  
 Dept of Human Services  
 800 S. Walter Reed Dr.  
 Arlington, Virginia 22204  
 Phone (703) 228-7400  
 Fax (703) 228-7401

**Please fill out ONE electrical inspection FOR EACH body of water.**

Facility Type: <input type="checkbox"/> Main Pool <input type="checkbox"/> Wading Pool <input type="checkbox"/> Spa Pool <input type="checkbox"/> Diving Pool
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- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Pool was filled with water at time of inspection.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Checked and tightened all loose wires found in panels and disconnects.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Checked breakers and fuses for looseness and working condition.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Checked ground fault circuit interrupter for proper working conditions.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Checked underwater fixtures and deck boxes for water leakage from worn or broken gaskets and for broken or deteriorated cords to the fixtures in their cases. Checked clamps that hold fixtures in their cases. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Checked all pole lights and receptacles around the pool for proper bonding, loose conduit connections, breakage and damaged or missing plates and covers.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Checked all bond wires on all electrical equipment to pool.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Checked all conduits and connectors, for tight connections.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Replaced all defective conduits, panels, disconnects, switches, troughs, pull boxes and junction boxes.   | <input type="checkbox"/> | <input type="checkbox"/> |

<b>POOL INFORMATION</b>
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Name \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

<b>OWNER INFORMATION (MAILING ADDRESS)</b>
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Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

<b>CONTRACTOR INFORMATION</b>
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Contractor \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

I certify that the items listed above have been inspected and the necessary corrections have been performed.  
 This facility is safe and in full compliance with applicable codes and standards.

CONTRACTOR'S NAME & SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_