



**At Home Aquatics
Pool Safety Check**

Pool Owner: _____

Address: _____

Date: _____

Contact Person (if different): _____

Telephone: _____

- | | | |
|-----|----|--|
| Yes | No | Is pool deck uncluttered? |
| Yes | No | Is the pool area in good repair? |
| Yes | No | Is there a telephone available, with emergency numbers posted? |
| Yes | No | Is there rescue equipment by the pool? |
| Yes | No | Is the pool water chemistry monitored regularly? How? |
| Yes | No | Is a basic first aid kit available? |
| Yes | No | Are the deep and shallow ends clearly marked? |

Other comments/Descriptions:

Directions to pool:

*By signing below, I am stating that I understand that At Home Aquatics shall not be held liable for any accident, injury or damage that may result due to the pool itself, its' equipment, maintenance of chemicals, and or any other items at the homeowners residence.

Completed by: _____ Date: _____

Pool owner: _____ Date: _____