



City of Alexandria – Electrical Inspection
Swimming Pool Check List – Environmental Health Division
 4480 King Street, Alexandria, VA 22302-1300
 703-746-4910, FAX 703-746-4919



- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Pool was filled the time of inspection. |
| <input type="checkbox"/> | <input type="checkbox"/> | Checked and tightened all loose wires found in panels and/or disconnects. |
| <input type="checkbox"/> | <input type="checkbox"/> | Checked breakers and fuses for looseness; working condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | Checked ground fault circuit interrupter (GFCI) for proper working condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | Checked underwater fixtures and deck boxes for leakage from worn or broken gaskets and for worn or deteriorated cords to fixtures. Also checked clamps that hold fixtures in their cases. |
| <input type="checkbox"/> | <input type="checkbox"/> | Checked all pole lights and receptacles around pool for proper grounding, loose conduit connections, breakage and damaged or missing plates or covers. |
| <input type="checkbox"/> | <input type="checkbox"/> | Checked all bond wires on all electrical equipment to pool. |
| <input type="checkbox"/> | <input type="checkbox"/> | Checked all conduits and connectors for tight connections. |
| <input type="checkbox"/> | <input type="checkbox"/> | Replaced all defective conduits, panels, disconnects, switches, troughs, pull boxes, and junction boxes, if needed. |

I certify that the above listed inspections and, if needed, corrections have been performed, and this facility is in a safe condition and is in full compliance with the current National Electric Code and all other applicable codes and standards.

Pool Inspection Date: _____

This certification applies to: _____

Located at: _____ **in the City of Alexandria, Virginia.**

Signed: _____ **(Master Electrician)**

State/Local Registration Number: _____ **Expiration Date:** _____

Health Department Use Only

Pool Management Company: _____ **Tax Map:** _____