

PRE-MEET FACILITY EVALUATION FORM

Meet Name: _____ Dates: _____ Facility: _____

Host Club Name: _____ Completed By: _____ Date: _____

	ACCEPTABLE	NEEDS ATTENTION
AESTHETICS:		
Is Lighting in working order?		
Are Chlorine Odors detectable on deck?		
Do Bathroom/Locker Rooms appear and smell clean?		
SAFETY:		
Are Floors non-skid in proper areas and unobstructed in all public areas?		
Do all public areas comply with ADA codes?		
Are the spectator and on deck areas segregated and appropriately marked?		
Are chemicals stored properly in secured areas away from public access?		
Are NON-PUBLIC areas marked with warnings and doors kept locked?		
Are all emergency exits, fire extinguishers and alarms, AED's, etc. easy to locate and clearly marked?		
Are the outside areas, entrances/Exits, sidewalks, kept clear and clean?		
FUNCTIONALITY:		
Are there adequate bathrooms available for athletes and spectators attending the meet?		
Are there separate bathrooms and shower/changing areas for athletes and adults?		
Are adequate showers available for athlete use?		
Are family changing rooms available?		
Is off-deck seating available for athletes?		
EQUIPMENT:		
Are Gutters and Skimmers clean and inspected regularly?		
Are starting platforms set and safe?		
Are Moveable bulkheads in proper placement and secure (no gaps)?		

What steps do you plan to take to control air and water quality during the meet?

Form is fillable. Save form to computer then complete and save again. If using a Mac, select 'Print' and then 'Save as pdf'.

Submit to businessoffice@virginiaswimming.org with Meet Registration file.