

POOL INSPECTION

DCF-030  
6/17 (Rev.)



DATE: \_\_\_\_\_

TO: Building Inspector

FROM DCF Worker: \_\_\_\_\_

DCF Office Address: \_\_\_\_\_

DCF Worker Phone # \_\_\_\_\_

Please complete the bottom section of this form certifying your inspection of an:

Above ground pool       In-ground pool

At the address listed below to insure that the pool is in compliance with state and local regulations. Thank you for your cooperation in this matter.

Name of Occupant: \_\_\_\_\_

Address: (No. and Street): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Any special directions or instructions to the home? \_\_\_\_\_

**CERTIFICATE OF INSPECTION**

I, \_\_\_\_\_, Building Inspector in the Town /City of \_\_\_\_\_

State of Connecticut, have on this date, \_\_\_\_\_ inspected the pool at the address indicated above

And found the usage to be:

- in compliance with state and local regulations; or
- NOT in compliance with state and local regulations, for the reasons specified below:

Inspector's Signature \_\_\_\_\_

Date \_\_\_\_\_