



Public Health
Prevent. Promote. Protect.
Central Valley Health District

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Environmental Health Department
Aquatic Inspection Form

Aquatic Facility Name: Gaulker Family Wellness Center		Aquatic Facility License Number: AF30	
Address: 733 8th Ave SW	City: Valley City	State: ND	Zip: 58072
Phone:		Date: 01.26.2026	
Purpose for visit: complaint		Time In: 3:00pm	Time Out: 3:30pm
Pool/Spa Area			In/Out
01 Enclosure: fencing, walls, gates, and doors in good repair			N/O <input type="checkbox"/>
02 Self-closing / self-latching gates or doors operational			N/O <input type="checkbox"/>
03 Protected overhead electrical wires/GFCI electrical receptacles			N/O <input type="checkbox"/>
04 Grab rails, ladders secured; shell, deck in good repair			N/O <input type="checkbox"/>
05 Float/safety line clearly present			N/O <input type="checkbox"/>
06 "Depth" and "no diving" markers; stair stripes, in good repair and visible			N/O <input type="checkbox"/>
07 Skimmers: Weirs and basket installed; clean and operating; covers in good repair			N/O <input type="checkbox"/>
08 Recirculation inlets functional			N/O <input type="checkbox"/>
09 Main drain grate secured in place and in good repair			In <input type="checkbox"/>
10 Water is clear, main drain visible			In <input type="checkbox"/>
11 Floatation Tank: Interior surfaces cleaned to prevent build-up of slime and biofilm layers			N/A <input type="checkbox"/>
12 Starting blocks removed, covered, or access blocked			N/O <input type="checkbox"/>
13 Pool deck free from obstructions; emergency exit marked			In <input type="checkbox"/>
14 Emergency phone or other communication device available and well-marked			N/O <input type="checkbox"/>
15 First Aid Kit available			N/O <input type="checkbox"/>
16 Appropriate safety equipment present and in good repair			N/O <input type="checkbox"/>
17 Adequate supervisions of the aquatic facility			In <input type="checkbox"/>
18 Signs: rules/chemicals/spa legible and in good repair			N/O <input type="checkbox"/>
19 Water temperature ≤ 104°F (40°C)			In <input type="checkbox"/>
Water Chemicals			
20 Approved NSF/ANSI Standard 50 DPD test kit			N/O <input type="checkbox"/>
21 Proper disinfectant level			In <input type="checkbox"/>
22 pH between 7.2 and 7.8			Out <input type="checkbox"/>
23 Combined chlorines < 0.4ppm			N/O <input type="checkbox"/>
24 Cyanuric acid ≤ 90 ppm			N/A <input type="checkbox"/>
Equipment / Chemical Room			
25 Automated feeders/controllers operable			N/O <input type="checkbox"/>
26 Piping and valves identified and marked			N/O <input type="checkbox"/>
27 Flow meter present and operating			N/O <input type="checkbox"/>
28 Recirculation pump: approved, good repair, operating			N/O <input type="checkbox"/>
29 Filter: approved, good repair, operating			N/O <input type="checkbox"/>
30 Pump strainer: baskets in good condition, not clogged			N/O <input type="checkbox"/>
31 Filter gauges operable: filter inlet and outlet, strainer			N/O <input type="checkbox"/>
32 Proper functioning UV system; ozone system			N/O <input type="checkbox"/>
33 Floatation Tank: Ozone or UV system in proper working order and meets volumetric turnover requirements			N/A <input type="checkbox"/>
34 Chemicals: labeled, stored safely, secured			N/O <input type="checkbox"/>
35 Appropriate Personal Protective Equipment (PPE) Available			N/O <input type="checkbox"/>
Hygiene Facilities			
36 Diaper Changing station present; sink, adjacent trash can			N/O <input type="checkbox"/>
37 Used equipment separated from cleaned equipment			N/O <input type="checkbox"/>
38 Toilets: clean, good repair, bathroom appropriately stocked			N/O <input type="checkbox"/>
39 Rinse/cleansing showers: good repair accessible			N/O <input type="checkbox"/>
Records Room			
40 Lifeguard and / or Operator training certification available onsite			N/O <input type="checkbox"/>
41 Inspection report conspicuously posted			N/O <input type="checkbox"/>
42 Operator inspection daily items: checklist used daily; evidence of appropriate steps promptly taken			N/O <input type="checkbox"/>
43 Chemical records: filled out daily, evidence of appropriate steps promptly taken			N/O <input type="checkbox"/>
44 Emergency Action Plan available on site			N/O <input type="checkbox"/>
General			
45 Substantial unauthorized alterations/equipment replacement			
46 Other			



Item #	Description of Violation	Corrective Actions	Correct By Date
22	hot tub pH shall be within operating range	facility currently closed, shall not open until ph is within operating range	prior to opening.

Inspection Published Comment:

CVHD reviewed complaint with facility following items:
pool water burning hair off arms/legs, pool chemicals not being managed, pool water not clear and can't see bottom of pool, sound boards wrapped in carpet moist with dripping water and expanding, loose tiles NW area, stated asked facility was informed waiting on parts didnt know if there was pool manager

Facility unaware of complaint.

CVHD and Facility reviewed records, tested pool and hot tub. Facility will follow up with staff if complaint was made to facility.

Facility stated DHU unit has been partially repaired, additional work for corroded wiring planned yet. Facility working to develop time line to address items damaged with moisture and pool wall deep end chipping

In = In compliance Out = Not in compliance N/A = Not Applicable N/O = Not Observed COS= Corrected On Site R= Repeat

Follow up: Yes Follow up date: during subsequent inspections

Facility Representative: **Hilary Flatt**

Facility Signature: _____

Inspector: **Marcie Bata**

Inspector Signature: 