

# Public Swimming Pools Authorization Procedures

Original Set

(Please make all copies and discard all  
previous forms)

Authorization Procedures Revised  
November 3, 2023

# Public Swimming Pools Authorization Procedures

Environmental Health Services Section, Environmental Health Services Branch

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## PRELIMINARY ACTIVITIES

Applicant & Supervisor Initial/Date Completed

- \_\_\_\_\_ 1. The applicant shall successfully complete Centralized Intern Training by the Environmental Health Section, DHHS.
- \_\_\_\_\_ 2. The local health department shall train the applicant to keep daily records of time and activities, and to use forms properly.
- \_\_\_\_\_ 3. The supervisor shall assign the applicant to an authorized Environmental Health Specialist in the department to learn routine procedures of field work. If no authorized Environmental Health Specialist is available in the intern's department the Regional Specialist shall find an alternate location for this training. The local health directors of both health departments will be involved in the negotiations concerning training time and location.
- \_\_\_\_\_ 4. The supervisor and the Regional Specialist shall discuss and determine if the applicant will accompany the Regional Specialist whenever the Regional Specialist is doing consultation in that county.
- \_\_\_\_\_ 5. The supervisor shall supply the applicant with the necessary equipment to enforce the laws and rules and assure that the applicant is familiar with the use of all equipment.
- \_\_\_\_\_ 6. The supervisor shall assign the applicant to an authorized Environmental Health Specialist for practice of skills and knowledge in the following specific areas:
  - laws, rules, policies, and forms
  - swimming pool test kit (able to test pH, disinfectant, alkalinity and cyanuric acid with test kit to be used during authorization)
  - existing water supply evaluation and water sampling
  - inspections of public swimming pools, spas and wading pools
  - existing on-site wastewater system evaluation

## FIELD PRACTICE AND REVIEW

Applicant & Supervisor Initial/Date Completed

- \_\_\_\_\_ 1. The applicant shall conduct evaluations of at least two (2) on-site wastewater systems and on-site water supplies for compliance with 15A NCAC 18A .1700 and .1900 rules in the presence of an Environmental Health Specialist authorized in a program other than Childhood Lead Poisoning Prevention. The evaluations may be conducted at any location with an on-site water supply or wastewater system. A review of the records on file and a site visit shall be made for each evaluation. A water sample shall be collected at each of the sites.
- \_\_\_\_\_ 2. The applicant shall accompany an Environmental Health Specialist authorized to enforce the public swimming pool rules on at least two (2) inspections during which the authorized Environmental Health Specialist will explain inspection procedures. The applicant shall become familiar with the rules, pool operation, pool equipment, basic water chemistry and use of forms. As the applicant's experience and confidence increases, the applicant shall begin discussing his or her findings with the swimming pool operator.
- \_\_\_\_\_ 3. Once the applicant is familiar with the inspection procedures, the applicant shall conduct at least ten (10) joint inspections of public swimming pools with an Environmental Health Specialist authorized to enforce public swimming pool rules. The applicant must show skill in evaluating the pool, using a pool water test kit, completing forms and discussing deficiencies with the pool operator. The applicant and the authorized Environmental Health Specialist will complete separate inspection forms, sign and date them. The applicant and the authorized Environmental Health Specialist will discuss both score sheets upon completion of each inspection in the absence of the pool operator. The inspections shall be made at public swimming pools, spas and wading pools if available.

If the number of public swimming pools does not exist in the applicant's county, the Regional Specialist shall find an alternative location for these inspections. The local health directors of all effected health departments shall be involved in the negotiations concerning the training times and locations.

- \_\_\_\_\_ 4. Joint inspections shall be continued until the applicant is comfortable making inspections with the swimming pool operator. The applicant must be able to identify violations, discuss the needed corrections with the operator, complete an inspection form, and review the inspection form with the operator. The authorized Environmental Health Specialist will provide assistance and guidance to the applicant as needed until satisfied that the applicant is proficient in conducting inspections.
- \_\_\_\_\_ 5. If at least one (1) permit suspension action has not been taken during the ten (10) inspections, the authorized Environmental Health Specialist shall explain to the applicant the process. The applicant shall then write the permit suspension process and two (2) mock permits suspensions.
- \_\_\_\_\_ 6. The supervisor will review the inspection sheets completed by the applicant and the authorized Environmental Health Specialist with both present and resolve any differences. The review should occur in progression with the applicant's work so that problems are corrected and learning takes place. The inspection forms shall be signed and dated by parties present during the review.
- \_\_\_\_\_ 7. When all requirements have been met and the supervisor determines the applicant has progressed sufficiently to work independently, the health director may request the applicant be evaluated for delegation of authority.  
**Each File shall Include:** the following file shall be developed for review and comments made by the supervisor. The applicant shall forward the file to the regional Environmental Health Specialist when the request for delegation of authority is made. It shall include each pool inspection form (DHHS 3960) completed by the applicant and the authorized agent.
  - A. Each establishment inspection form completed by the applicant and the authorized agent.
  - B. Copy of Drain Safety Data Sheet for each inspection.
  - C. Provide at least two (2) permit suspensions or two (2) mock permit suspensions.
  - D. (1) Bacteriological Analysis of Water Sample.

**NOTE:** If upon reviewing the file, the Regional Specialist finds that the applicant needs additional practice, the evaluation for authorization may be postponed until that practice has taken place. To make best use of everyone's time, it is the Supervisor/Health Director's responsibility to see that the applicant has sufficient field practice to prepare the applicant for authorization.

**SCHEDULING THE EVALUATION FOR AUTHORIZATION**

Applicant & Supervisor Initial/Date Completed

- \_\_\_\_\_ 1. When the applicant has completed the PRELIMINARY ACTIVITIES and FIELD PRACTICE & REVIEW, the applicant shall provide the following to the Environmental Health Section:
  - A. A properly completed *Public Swimming Pool Authorization Procedures Document* **AND** an Application for Authorization should be emailed to [ehs.authorization@dhhs.nc.gov](mailto:ehs.authorization@dhhs.nc.gov) for processing.
- \_\_\_\_\_ 2. The applicant shall forward the files generated in FIELD PRACTICE & REVIEW to the Regional Specialist.

The Environmental Health Section will contact the appropriate Regional Specialist who will set an appointment to work with the applicant as soon as possible. If the evaluation cannot begin within two months from receipt of completed files and the referral from the Section, the Regional Specialist shall contact his supervisor to arrange for the evaluation to be conducted by another Regional Specialist. The supervisor will communicate with the Education and Training Specialist when the application has been referred to another Regional Specialist. Evaluations for authorizations are top priority for the Regional Specialist.

## **EVALUATION PROCEDURES**

The Regional Specialist shall spend a sufficient amount of time necessary to determine the applicant's knowledge and skills in the enforcement of laws and rules.

1. The Regional Specialist shall review the documents generated in FIELD PRACTICE & REVIEW prior to arriving at the local health department for field work with the applicant.
2. The Regional Specialist shall coordinate the administration of a written test, which the applicant must pass by a score of 70% or more. The applicant must have taken and scored at least 70% on the written examination prior to the field evaluation by the Regional Specialist. If the applicant fails the test, he/she will be denied authorization. The written exam may be repeated. The Regional Specialist shall discuss the test results along with the incorrect answers with the applicant prior to continuing the evaluation.
3. The Regional Specialist shall observe the applicant's knowledge, skills, and ability to properly inspect at least two (2) public swimming pools including one (1) spa if available. If the county has fewer than two (2) public swimming pools, every public swimming pool shall be inspected.
4. A conference will be held with the supervisor or designee to discuss the recommendations for authorization, which will be forwarded to the Environmental Health Section.
5. The Regional Specialist shall recommend granting or denying the applicant the authority to enforce specific laws and rules by completing a recommendation form and forwarding it to the Environmental Health Section as quickly as possible. If the Regional Specialist cannot recommend delegation be granted after the inspections have been conducted in Step 3 of this section, the recommendation shall be to deny the authorization. If delegation is denied, the specific reasons for denial with recommendations for improvements shall be included.

## **DELEGATION OF AUTHORITY**

1. Upon receipt of the recommendation from the Regional Specialist, a letter from the State Environmental Health Director will be sent to the applicant approving or denying the request for authorization.
2. The applicant may begin to enforce laws and rules when the letter of authorization is received in the local health department.

## **CHANGE OF EMPLOYMENT**

1. If the agent becomes employed in another local health department, the individual must apply for authorization to enforce laws and rules. The following steps must be completed:
  - See PRELIMINARY ACTIVITIES, Step 2 and Step 5;
  - See SCHEDULING THE EVALUATION FOR AUTHORIZATION, Step 1 and Step 3.
2. When an authorized agent transfers from one local health department of the state to another, the Regional Specialist shall assess the need for additional training, which may include attending the swimming pool portion of the Centralized Intern Training or other appropriate training at the expense of the employing health department.

N. C. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ENVIRONMENTAL HEALTH SECTION  
**APPLICATION FOR DELEGATION OF AUTHORITY**

New       Transfer      REHS NUMBER \_\_\_\_\_

**\*PLEASE PRINT CLEARLY AND COMPLETE ALL LINE ITEMS\***

DATE OF EMPLOYMENT: \_\_\_\_\_

NAME: \_\_\_\_\_ MAIDEN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ WORK EMAIL: \_\_\_\_\_

CURRENT COUNTY OF EMPLOYMENT: \_\_\_\_\_

CURRENT COUNTY ADDRESS: \_\_\_\_\_

HEALTH DIRECTOR NAME & EMAIL: \_\_\_\_\_

SUPERVISOR NAME & EMAIL: \_\_\_\_\_

PREVIOUS COUNTY OF EMPLOYMENT: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

CIT TRAINING: LOCATION: \_\_\_\_\_ DATES: \_\_\_\_\_

PREVIOUS AUTHORIZATION:

( ) CCSS                      ( ) FLI; Migrant Housing                      ( ) POOLS                      ( ) WELLS  
( ) CLPP                      ( ) OSWP; Migrant Housing                      ( ) TATTOO

TYPE OF AUTHORIZATION REQUESTED:

( ) CCSS                      ( ) FLI; Migrant Housing                      ( ) POOLS                      ( ) WELLS  
( ) CLPP                      ( ) OSWP; Migrant Housing                      ( ) TATTOO

**STATEMENT OF APPLICANT**

I hereby request that I be authorized to enforce state laws and rules.

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

**STATEMENT OF SUPERVISOR**

I hereby certify that the applicant has successfully completed the Preliminary Duties and Field Practice and Review. The applicant is ready to be considered for authorization.

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

**INSTRUCTIONS:**

Purpose: To request authority to be delegated to an environmental health specialist to administer and enforce state environmental health laws and rules.

Preparation: This form shall be completed by the applicant when all Preliminary Activities and Field Practice and Review have been completed or when the applicant changes the county of employment. Each item preceded by a blank space must be initialed and dated by the applicant when the activity has been completed. Forms with missing information will not be processed.

Distribution: 1. Original to: [ehs.authorization@dhhs.nc.gov](mailto:ehs.authorization@dhhs.nc.gov) - CIT and Authorizations  
2. Copy: Local health department files.

Disposition: This form may be destroyed in accordance with Standard 6, Personnel Records, *Records Disposition Schedule* published by the North Carolina Division of Archives and History.