MERCED COUNTY
DEPARTMENT OF PUBLIC HEALTH

ACCREDITED HEALTH DEPARTMENT • PUBLIC HEALTH ACCREDITATION BOARD • PHAB Advancing public health performance

Rebecca Nanyonjo-Kemp, DrPH
Director

Kenneth Bird, MD, MPH
Health Officer

Pool/Spa Operational Information

Please print all information clearly

Facility ID (see permit):	
Facility Name:	
Facility Address:	
Months of Operation:	☐ Seasonal *Opening Month:* _____ *Closing Month*: _____ ☐ Year Round
Hours of Operation:	_____ A.M. to _____ P.M.
Days of Operation:	☐ Everyday ☐ Specific days: ☐SUN ☐MON ☐TUE ☐WED ☐THU ☐FRI ☐SAT
Contact Information:	Primary Contact Name: _____ Title: _____ Phone: _____ Email: _____ Secondary Contact Name: _____ Title: _____ Phone: _____ Email: _____
Pool/Spa Service Company (*if applicable*):	Service Company Name: _____ Phone:_____ Email:_____
Days of Pool Service:	☐SUN ☐MON ☐TUE ☐WED ☐THU ☐FRI ☐SAT

(Print Name): _____ (Signature): _____

Phone: _____ Date: _____

Reviewed by (Inspector Name): _____

Please return the completed form to your inspector or email/fax it to:
MCDEH Recreational Health rechealth@countyofmerced.com or Fax 209-384-1593

Vicki Jones, MPA, REHS
Environmental Health Division Director

Jessica Montoya-Juarez, MS
Assistant Public Health Director

Yadira Vazquez, MBA
Assistant Public Health Director

James Clark, MICP, MHOAC
EMS Administrator

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