

ELLIS & ASSOCIATES

INTERNATIONAL AQUATIC SAFETY & RISK MANAGEMENT CONSULTANTS

5/28/2019

CRPP - City of Deer Park Aquatics
610 E. San Augustine
Deer Park

TX 77536

Dear CRPP - City of Deer Park Aquatics

Your facility has just received an Unannounced Observational Audit by one of our National Staff Auditors.

Operational safety audits are randomly conducted to assist clients in evaluating their aquatic safety and risk management operations. The actions, findings, recommendations, and opinion rendered by our auditor representative(s) are limited to the operational conditions that exist during the audit. Accordingly, audits should be utilized as a "risk management tool" to enhance your existing operation.

Upon review of this information, you are encouraged to discuss the results of the audit and inquire about any questions that you may have with the auditor. Please find the documentation to review the details of this audit. Also, we encourage you to evaluate your auditor online:

<http://www.zoomerang.com/survey.zgi?p=WEB2253RDSEBH3>

Sincerely Yours,

Richard Carroll
Sr. VP/COO

Encl: **Unannounced Audit - RM01-10001**



Jeff Ellis & Associates, Inc.

Business Office:
PO Box 2160
Windermere, FL 34786
Phone: 800-742-8720
Fax: 407-654-1723

ELLIS & ASSOCIATES

INTERNATIONAL AQUATIC SAFETY & RISK MANAGEMENT CONSULTANTS

Client CRPP - City of Deer Park Aquatics
Date 5 /28/2019
Audit ID RM01-10001
Auditor Major, Randi
Audit Type: Unannounced
Weather Sunny

Section One:	Individual Lifeguard Evaluation	Exceeds
Section Two:	Simulated Emergency Evaluation	Exceeds
Section Three:	Administration Section Evaluation	Meets
Final Overall Audit Evaluation Score		Exceeds

Reviewed with Debra Culp **Email** dculp@deerparktx.org
Title Athletics/Aquatics Coordinator **Phone** 281-478-2067
Comments **Fax** 281-479-8091

Section 1: This Section received a score of EXCEEDS. Lifeguards were found to exhibit consistent scanning patterns with downward head and eye movement. Lifeguards were Vigilant, Professional and Rescue Ready.

Section 2: This Section received a score of EXCEEDS. Lifeguards met all operating criteria's and incorporated the use of the AED and Oxygen in all Team Management Scenarios. Individual Responsive GiD Aquatic Rescue was found to Meet the standard.

Section 3: All Facility and Administrative Items were found to be in compliance and in good order. Rescue Equipment was readily available and all documents were accounted for.
It has been a pleasure to work with the Deer Park and Rec Team. Great Job on the Audit and best of luck to all of you as we approach the summer months. If you have any questions, comments, or concerns, please direct them to your client manager.

Section 1A:

Individual Lifeguard Evaluation Report



Date 5/28/2019
Review ID RM01-10001
Section ID 1A-01
Facility Name City of Deer Park
Lifeguard Name Michael Cliburn
Credential Number 1088-4500
Pool/Ride Name Chair 8
Pool Type Activity Pool
Programming Type Open swim

Identification



Clips 1 - 2

	E	M	F	N
1) Lifeguard provided surveillance of swimmers (10/20)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lifeguard addressed environmental concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Lifeguard exhibited professional behavior and demeanor		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Lifeguard was Rescue Ready		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Lifeguard exhibited displayed a significant change in position/scanning pattern		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Lifeguard location allowed visual surveillance of entire Zone of Protection® area		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Lifeguard location allowed immediate access to rescue equipment		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Lifeguard exhibited proactive bottom scan during rotation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Lifeguard exhibited rotation without loss of eye contact		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Lifeguard Evaluation Report

Exceeds

Comments

Lifeguard was observed at Chair 8.

Lifeguard exhibits a professional image and rescue ready posture/equipment position. Environmental protection exceeds the standard.

Lifeguard is attentive to the Zone of Protection and demonstrates swimmer surveillance to exceed the standard. Lifeguard exhibits consistent scanning patterns and implements downward head and eye movements.

Proactive bottom scan is conducted when relinquishing zone responsibilities and Rotation/equipment exchange is conducted without loss of eye contact with Zone of Protection.

Lifeguard Signature _____ Supervisor's Signature _____

Section 1A:

Individual Lifeguard Evaluation Report



Date 5/28/2019
Review ID RM01-10001
Section ID 1A-02
Facility Name City of Deer Park
Lifeguard Name Hannah Pressley
Credential Number 1074-8785
Pool/Ride Name Chair 8
Pool Type Activity Pool
Programming Type Open swim

Identification



Clips 2 - 4

	E	M	F	N
1) Lifeguard provided surveillance of swimmers (10/20)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lifeguard addressed environmental concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Lifeguard exhibited professional behavior and demeanor		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Lifeguard was Rescue Ready		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Lifeguard exhibited displayed a significant change in position/scanning pattern		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Lifeguard location allowed visual surveillance of entire Zone of Protection® area		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Lifeguard location allowed immediate access to rescue equipment		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Lifeguard exhibited proactive bottom scan during rotation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Lifeguard exhibited rotation without loss of eye contact		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Lifeguard Evaluation Report

Exceeds

Comments

Lifeguard was observed at Chair 8.

Lifeguard exhibits a professional image and rescue ready posture/equipment position. Environmental protection exceeds the standard.

Lifeguard is attentive to the Zone of Protection and demonstrates swimmer surveillance to exceed the standard. Lifeguard exhibits consistent scanning patterns and implements downward head and eye movements.

Proactive bottom scan is conducted when relinquishing zone responsibilities and Rotation/equipment exchange is conducted without loss of eye contact with Zone of Protection.

Lifeguard Signature _____ Supervisor's Signature _____

Section 1A:

Individual Lifeguard Evaluation Report



Date 5/28/2019
Review ID RM01-10001
Section ID 1A-03
Facility Name City of Deer Park
Lifeguard Name Dlisa Promise
Credential Number 1034-3391
Pool/Ride Name Chair 2
Pool Type Activity Pool
Programming Type Open swim

Identification



Clips 5 - 6

	E	M	F	N
1) Lifeguard provided surveillance of swimmers (10/20)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lifeguard addressed environmental concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Lifeguard exhibited professional behavior and demeanor		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Lifeguard was Rescue Ready		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Lifeguard exhibited displayed a significant change in position/scanning pattern		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Lifeguard location allowed visual surveillance of entire Zone of Protection® area		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Lifeguard location allowed immediate access to rescue equipment		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Lifeguard exhibited proactive bottom scan during rotation		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9) Lifeguard exhibited rotation without loss of eye contact		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Individual Lifeguard Evaluation Report

Exceeds

Comments

Lifeguard was observed at Chair 2.

Lifeguard exhibits a professional image and rescue ready posture/equipment position. Environmental protection exceeds the standard.

Lifeguard is attentive to the Zone of Protection and demonstrates swimmer surveillance to exceed the standard. Lifeguard exhibits consistent scanning patterns and implements downward head and eye movements.

Lifeguard Signature _____ Supervisor's Signature _____

Section 1A:

Individual Lifeguard Evaluation Report



Date 5/28/2019
Review ID RM01-10001
Section ID 1A-04
Facility Name City of Deer Park
Lifeguard Name Angelica Anderson
Credential Number 1087-5251
Pool/Ride Name Chair 5
Pool Type Lap Swimming Pool
Programming Type Open swim

Identification



Clips 8 - 9

	E	M	F	N
1) Lifeguard provided surveillance of swimmers (10/20)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lifeguard addressed environmental concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Lifeguard exhibited professional behavior and demeanor		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Lifeguard was Rescue Ready		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Lifeguard exhibited displayed a significant change in position/scanning pattern		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Lifeguard location allowed visual surveillance of entire Zone of Protection® area		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Lifeguard location allowed immediate access to rescue equipment		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Lifeguard exhibited proactive bottom scan during rotation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Lifeguard exhibited rotation without loss of eye contact		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Lifeguard Evaluation Report

Exceeds

Comments

Lifeguard was observed at Chair 5.

Lifeguard exhibits a professional image and rescue ready posture/equipment position. Environmental protection exceeds the standard.

Lifeguard is attentive to the Zone of Protection and demonstrates swimmer surveillance to exceed the standard. Lifeguard exhibits consistent scanning patterns and implements downward head and eye movements.

Proactive bottom scan is conducted when relinquishing zone responsibilities and Rotation/equipment exchange is conducted without loss of eye contact with Zone of Protection.

Lifeguard Signature _____ Supervisor's Signature _____

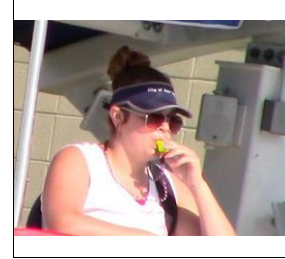
Section 1A:

Individual Lifeguard Evaluation Report



Date 5/28/2019
Review ID RM01-10001
Section ID 1A-05
Facility Name City of Deer Park
Lifeguard Name Abigail Moore
Credential Number 1074-8803
Pool/Ride Name Chair 6
Pool Type Lap Swimming Pool
Programming Type Open swim

Identification



Clips 10 - 11

	E	M	F	N
1) Lifeguard provided surveillance of swimmers (10/20)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lifeguard addressed environmental concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Lifeguard exhibited professional behavior and demeanor		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Lifeguard was Rescue Ready		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Lifeguard exhibited displayed a significant change in position/scanning pattern		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Lifeguard location allowed visual surveillance of entire Zone of Protection® area		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Lifeguard location allowed immediate access to rescue equipment		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Lifeguard exhibited proactive bottom scan during rotation		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9) Lifeguard exhibited rotation without loss of eye contact		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Individual Lifeguard Evaluation Report

Exceeds

Comments

Lifeguard was observed at Chair 6.

Lifeguard exhibits a professional image and rescue ready posture/equipment position. Environmental protection exceeds the standard.

Lifeguard is attentive to the Zone of Protection and demonstrates swimmer surveillance to exceed the standard. Lifeguard exhibits consistent scanning patterns and implements downward head and eye movements.

Lifeguard Signature _____ Supervisor's Signature _____

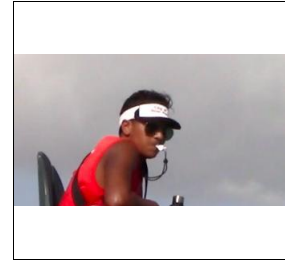
Section 1A:

Individual Lifeguard Evaluation Report



Date 5/28/2019
Review ID RM01-10001
Section ID 1A-06
Facility Name City of Deer Park
Lifeguard Name Jacob De La Cerda
Credential Number 1074-3197
Pool/Ride Name Chair 5
Pool Type Lap Swimming Pool
Programming Type Open swim

Identification



Clips 12 - 13

	E	M	F	N
1) Lifeguard provided surveillance of swimmers (10/20)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lifeguard addressed environmental concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Lifeguard exhibited professional behavior and demeanor		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Lifeguard was Rescue Ready		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Lifeguard exhibited displayed a significant change in position/scanning pattern		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Lifeguard location allowed visual surveillance of entire Zone of Protection® area		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Lifeguard location allowed immediate access to rescue equipment		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Lifeguard exhibited proactive bottom scan during rotation		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9) Lifeguard exhibited rotation without loss of eye contact		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Individual Lifeguard Evaluation Report

Exceeds

Comments

Lifeguard was observed at Chair 5.

Lifeguard exhibits a professional image and rescue ready posture/equipment position. Environmental protection exceeds the standard.

Lifeguard is attentive to the Zone of Protection and demonstrates swimmer surveillance to exceed the standard. Lifeguard exhibits consistent scanning patterns and implements downward head and eye movements.

Lifeguard Signature _____ Supervisor's Signature _____

Section 1D:

Individual Supervisor Evaluation Report



Date 5/28/2019
Review ID RM01-10001
Section ID 1D-01
Facility Name City of Deer Park
Lifeguard Name Diego Garcia
Credential Number 1034-3371
Pool/Ride Name
Pool Type Entire Facility
Programming Type

Identification



Clips 1 - 2

	E	M	F	N
1) Supervisor displayed proactive management of Lifeguards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Supervisor provided task remediation and/or correction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Supervisor exhibited a professional image and behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Supervisor carried a visible means of communication	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Supervisor was clearly identifiable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Supervisor kept interactions with Lifeguard(s) limited in duration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Supervisor kept interactions with Lifeguard(s) limited in duration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Supervisor's attire addressed environmental concerns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Supervisor Evaluation Score

Exceeds

Comments

Supervisor was observed around entire facility.

Supervisor addresses environmental concerns, is clearly identifiable, and displays professional image and behavior.

Supervisor is observed around the pool deck with consistent presence.

Supervisor demonstrates the stop and watch concept in and around the pool observing scanning, as well as, rotation performance.

Lifeguard Signature _____ Supervisor's Signature _____

Section 2B:**First Responder Evaluation Report**

Date 5/28/2019
Audit ID RM01-10001
SectionID 2B-01
Facility Name City of Deer Park
Team Members Diego Garcia

Identification

Clips 16 - 16

	M	F	N
1) Lifeguard recognizes primary problem.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lifeguard activated the EAP/Called for assistance including EMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Lifeguard maintains safety for self and the guest.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Lifeguard assesses/monitors CABs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Lifeguard provides Basic Life Support care as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Lifeguard provides First Aid care as needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Lifeguard properly utilizes available equipment for BLS or First Aid care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Lifeguard provides appropriate care for secondary concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Overall care provided is consistent with current BLS/First Aid Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Airway/Circulation Management Simulation Score**Meets****Comments**

The lifeguard properly recognizes and provides appropriate first aid care to this guest suffering from nosebleed.

Section 2D:

In-Water Unconscious Guest in Distress Simulation Audit Report



Date 5/28/2019
Audit ID RM01-10001
SectionID 2D-01
Facility Name City of Deer Park
Team Members Kahla, Chloye, Angelica, Abigail, Kadie, Hannah, Michael, D'Lisa, Diego, Jacob

Identification



Clips 14 - 14

	E	M	F	N
1) Lifeguard(s) activated EAP protocols		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lifeguard(s) performed a safe and effective water entry w eq.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Lifeguard(s) executed a safe and successful in-water rescue		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Lifeguard(s) provided airway assessment in water		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) Lifeguard(s) utilized in-water rescue equipment (inc. pocket mask)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Team provided extrication technique; safe for lifeguard and GiD		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Team met EAP operating criteria for extrication		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Team maintained standard precautions during scenario		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Team provided circulatory management techniques		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Team provided airway management technique		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Team provided obstructed airway management techniques		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12) Team met EAP operating criteria for Oxygen		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Team met EAP operating criteria for AED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Team provided overall GiD management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Effective/Verbal Team Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In-Water Unconscious Guest in Distress Simulation Score

Meets

Comments

In-water rescue skill is executed to meet standards. It is recommended that upon placing the guest on the rescue tube that the airway be physically opened using a jaw thrust with head tilt and a quick assessment for spontaneous breathing take place. Once this is completed and the guest is not showing signs of spontaneous breathing, rescue breathing using necessary equipment may begin.

Extrication is safe and effective while meeting the EAP Operating Criteria for Unresponsive guest emergencies.

Team displays effective teamwork and communication throughout the scenario.

All Rescue Breathing, CPR, FBAO, Oxygen and AED protocols are demonstrated effectively during on-deck care following extrication.

Section 2G:**Spinal Management Simulation Report**

Date 5/28/2019
Review ID RM01-10001
SectionID 2G-01
Facility Name City of Deer Park
Team Members Kahla, Chloye, Angelica, Abigail, Kadie, Hannah, Michael, D'Lisa, Diego, Jacob

Identification

Clips 15 - 15

	E	M	F	N
1) Lifeguard(s) requested assistance and activated EAP protocols		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Lifeguard(s) utilized correct water entry		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Lifeguard(s) provided spinal motion restriction to meet objective		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Team utilized backboard effectively		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Team met EAP operating criteria for extrication		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Team provided overall GiD management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Team effectively communicated to patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Established and executed effective team communications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Spinal Management Simulation Score**Exceeds****Comments**

In-water skills for spinal motion restriction are well executed and effective.

Backboarding, strapping and head immobilization protocols meet standards and stabilization is consistently maintained throughout the scenario.

Extrication is executed effectively, within the EAP Operating Standards, and was safe for both the guest and the lifeguard team.

Effective communication was demonstrated by the team and also with the GiD.

Section 3A:**Facility Evaluation Audit Report**

Date 5/28/2019
Audit ID RM01-10001
SectionID 3A-01
Facility Name City of Deer Park

	M	R	F	N
1) Number of lifeguards on duty met 10/20 and/or 10/3 Protection Standards	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2) Lifeguards' behavior is consistent with facility zone validation requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Lifeguard placement matches Zone Validation® system documentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Water clarity allows for clear visibility to bottom of all attractions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Walkways are free of slip/trip hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) General facility signage is present and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Specific attraction signage is present and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Depth markers are present and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Non-guarded area access is controlled by fences/gates/signage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Spinal Management Equipment is present and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Oxygen & AED equipment is present/functional & documentation is current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) AED Trainer is present and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) VAT® Manikin or similar stimuli present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) First Aid supplies are present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Lifejackets are available for guest use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility Evaluation Score**Meets****Comments**

All Facility items are present, in order, and meet the standard.

Rescue equipment is available for use and properly maintained.

Water quality at all attractions meets industry standards, allowing for clear visibility to the pool bottom.

Section 3C:**Administration Evaluation Audit Report**

Date 5/28/2019
Audit ID RM01-10001
SectionID 3C-01
Facility Name City of Deer Park

	M	R	F	N
1) Lifeguard licenses organized and available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Past classes have been properly closed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Instructor license(s) available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) In-service records current and available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Copy of AFO/CPO certification available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Rescue reports available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Incident reports available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) VAT® Zone Coverage® diagrams for all staffing levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) VAT® Zone of Protection® area docs for all staffing levels on E&A templates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) VAT® Zone Validation® system docs for all staffing levels on E&A templates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) VAT® Operational Manikin Drop and Live Active Guest Drill documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12) A VAT® Remediation Program is documented and available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13) VAT® guest education in evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14) Oxygen equipment logs are present and completed daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) AED equipment logs are present and completed daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Opening & Closing checklists with "Bottom is clear" line item completed daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Emergency Action Plan (EAP) documentation is present and available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Variances are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19) Supplemental Responder credentials on file and current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20) Supplemental Responder in-service documentation current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21) The Risk Management Guide is on site and available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) vanGUARD Aquatic Leadership credentials are on site and available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23) Supervisor(s) are visible in the park	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Administration Evaluation Score**Meets****Comments**

Supervisors are observed to be present and available during the observational period. Supervisory personnel were observed to be patrolling around the pool deck during the audit.

Supervisors demonstrate proactive management in the form of observation and correction of lifeguards positioning or scanning performance.

Administrative items were readily available for inspection, properly updated and organized.