

Department of Health

Three Capitol Hill Providence, RI 02908-5097

TTY: 711 www.health.ri.gov

BATHING BEACH QUESTIONNAIRE

	Date:
Name of Bathing Area:	
Bathing Area Address:	
Phone Number at Beach:	
Organization Operating Beach:	
Beach Owner/Manager Preferred Mailing Address:	
Primary Contact Person for Beach:(Has Authority to Close the Beach)	
Primary Contact Preferred Phone Number:	
Primary Contact Alternative Phone Number:	
Secondary Contact Person for Beach: (In Case Primary Cannot Be Reached in an Emergency)	
Secondary Contact Preferred Phone Number:	
Secondary Contact Alternative Phone Number:	
Main Fax Number:	
Email Address:(Required)	
Is There a Food Service Operation At This Facility? If so, Please Describe:	
Is the Bathing Area Fresh, Salt, or Brackish Water?	

Is the Beach Public or Private?
Approximate Length of Beach?
Is There Parking For Beach Users?
If So, How Many?
Is There a Fee To Use the Beach (Daily, Seasonally, Association Fee)?
When is Your Beach Season (Dates)?
What is the Average Number of Bathers Per Day During Your Beach Season?
What is the Maximum Number of Bathers Per Day During Your Beach Season?
Are There Restrooms Available To Beach Users (How Many of Each)?
Are There Showers Available To Beach Users (How Many of Each)?
Number of Illnesses Associated with the Beach Area Reported Each Year? (Strictly Confidential) Gastrointestinal (vomiting, diarrhea): Ear or eye infections: Swimmer's/Clam digger's Itch: Other symptoms (please list):
Have You Ever Had Your Bathing Waters Tested (By Whom)?
Is the Beach Near Any Sewage Treatment Plants?
Are There Any Sewage Discharge Pipes Located on the Beach (How Many)?
Is There Any Construction or Development in the Nearby Area That Would Impact the Beach?
Are There Any Other Sources of Contamination That Would Affect the Water Quality (Birds, Septic Systems, Marinas etc.)? How Would You Describe Water Flow Through the Beach Area (Fast, Medium, Slow)?
Comments Please: