

**Attachment B: MAHC Use and Acceptability Survey (EpiInfo Web Survey)**

<https://epiinfosecurewebsurvey.cdc.gov/Survey/6efb7a91-f9b2-48c0-9013-cc370b2d6b65/1>

## Use and Acceptability of the Model Aquatic Health Code

1 2 3 4 5 6 7 8 9 10 ▶

 Exit Survey

Form Approved  
OMB Control No.: 0920-0879  
Exp. Date: 08/31/2026

Please read and initial this page before completing the survey.

Thank you for agreeing to provide feedback on your jurisdiction's recreational water public health program and use of the Model Aquatic Health Code (MAHC). Your participation will help CDC understand how the MAHC is meeting the needs of recreational water programs across State, Territorial, Local, and Tribal health departments in the United States.

Participation in this survey is completely voluntary. This survey is estimated to take 20-30 minutes to complete. We ask that you take this time to share your experiences and opinions, which are essential in helping us provide the best public health guidance possible. If you need to save your responses and submit the survey at a later time, you will be able to do so.

At the end of the survey, you will be asked if you are willing to participate in further discussions (e.g., focus groups, interviews) with CDC about your jurisdiction's public aquatic facility safety and regulation program. If you do not wish to be contacted further about these discussions, please do not list your contact information and your survey results will remain anonymous.


**By initialing this page, you acknowledge that you understand and agree to the above statements.**

Initials:

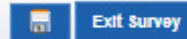
Date:

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MSH21 8, Atlanta, Georgia 30333; ATTN: 0920-0879

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# Use and Acceptability of the Model Aquatic Health Code



Please reference the following definitions as you are completing the survey:

### ***"Use"/ "Using the MAHC"***

*Incorporating MAHC language into your jurisdictions' public aquatic venue code OR referencing the MAHC to address a need that may not be directly addressed in your jurisdictions' code.*

### ***"Implement"/ "Implementing the MAHC"***

*Operationalizing the code (e.g., training inspectors and pool operators, updating inspection forms, educating health officials and operators on new expectations).*

1. In your jurisdiction, whose role is it to determine public aquatic facilities (e.g., pools, hot tubs, splash pads) regulations? Select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> State-level health department | <input type="checkbox"/> City or county health department                               |
| <input type="checkbox"/> State legislators             | <input type="checkbox"/> City- or municipality-level policy makers (e.g., city council) |
| <input type="checkbox"/> Do not know/Unsure            | <input type="checkbox"/> Other: <input type="text"/>                                    |

2. Has your jurisdiction used the MAHC to establish or update public aquatic facilities regulations?

Select

*If you "Do not know", please provide the name and contact information for someone in your jurisdiction who might know the answer:*

Name:

Email:

3. What year did your jurisdiction first begin using the MAHC?

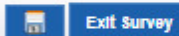
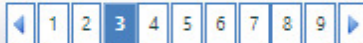
Do not know/Unsure  Not applicable

4. Which version of the MAHC does your jurisdiction use? Select all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> MAHC 1st Edition (2014) | <input type="checkbox"/> MAHC 2nd Edition (2016) | <input type="checkbox"/> MAHC 3rd Edition (2018) |
| <input type="checkbox"/> MAHC 4th Edition (2023) | <input type="checkbox"/> Do not know/Unsure      | <input type="checkbox"/> Not applicable          |

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**"Implement"/ "Implementing the MAHC"**

*Operationalizing the code (e.g., training inspectors and pool operators, updating inspection forms, educating health officials and operators on new expectations).*

5. How does your jurisdiction use the MAHC? Select all that apply.

- We directly incorporate sections or chapters into our jurisdiction's code
- We reference the MAHC or MAHC Annex for sections that are not covered in our existing code
- We reference the MAHC to justify or explain existing code
- We use the MAHC to grant variances for sections that are not covered in our existing code
- For venue types not addressed in our jurisdiction's code
- Other:
- Not applicable

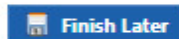
6. To what extent does your jurisdiction directly incorporate the MAHC into your code? Select one of the following.

7. To what extent does your jurisdiction reference the MAHC in your code? Select one of the following.

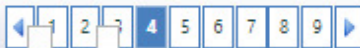
8. To what extent does your jurisdiction reference the MAHC Annex for rationale or explanation? Select one of the following.

9. To what extent is your jurisdiction's code in agreement with the MAHC? Select one of the following

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10. Has your jurisdiction's public aquatic facilities regulations used the MAHC or the MAHC Annex on any of the following topics? Select all that apply.

	Directly incorporate the MAHC	Reference the MAHC	Reference the MAHC Annex	We do not incorporate or reference the MAHC or Annex	Do not know/ Unsure
A. Facility design and construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Facility maintenance and operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ventilation and air quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Operator training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Recirculation system and filtration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Risk management/safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Monitoring and testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Hygiene facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Lifeguard and bathing supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Drowning prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Flotation tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Water play venues/splashpads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Legionella response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Imminent health hazard closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Contamination response (e.g., feces, vomit, blood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# Use and Acceptability of the Model Aquatic Health Code

Please reference the following definitions as you are completing the survey:

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***"Implement"/ "Implementing the MAHC"***

*Operationalizing the code (e.g., training inspectors and pool operators, updating inspection forms, educating health officials and operators on new expectations).*

11. What challenges does your jurisdiction face in implementing the MAHC? Select all that apply.

- Competing public health priorities (e.g., disease surveillance)
- Competing environmental health priorities (e.g., food inspections)
- Challenges interpreting MAHC language
- Limited training on MAHC implementation for public health staff
- Limited training on MAHC implementation for inspectors, environmental health staff
- Limited knowledge of how the MAHC has been integrated into our jurisdiction's code
- The MAHC is revised too frequently
- The MAHC is revised too infrequently
- Limited time and resources
- MAHC implementation does not take place at our level of decision-making
- We do not experience challenges implementing the MAHC
- Other:
- Do not know/Unsure

12. Has your jurisdiction's public aquatic facilities regulations used or implemented any of the following supplemental MAHC resources? Select all that apply.

- MAHC Annex
- MAHC Search Tool
- Mini-MAHCs
- MAHC Inspection Form Cheat Sheet
- None of the above
- Do not know/Unsure
- MAHC Network Resources (webinars, trainings)
- Pool Inspection Training for Environmental Health Professionals
- MAHC Inspection Form
- MAHC Inspection Form Cross-reference Guide
- Other:

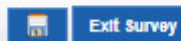
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13. Is your jurisdiction using other codes or standards to establish public aquatic venue regulations? Select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> International Swimming Pool and Spa Code (ISPSA) | <input type="checkbox"/> Pool and Hot Tub Alliance (PHTA)             |
| <input type="checkbox"/> International Code Council (ICC)                 | <input type="checkbox"/> Uniform Swimming Pool, Spa, and Hot Tub Code |
| <input type="checkbox"/> Uniform Mechanical Code                          | <input type="checkbox"/> Uniform Plumbing Code                        |
| <input type="checkbox"/> We do not use other codes or standards           | <input type="checkbox"/> Do not know/Unsure                           |
| <input type="checkbox"/> Others: <input type="text"/>                     |   |

Please answer the following questions using this Likert scale. If your jurisdiction does not use or implement the MAHC, please select NA for Not Applicable.

*(1=Strongly disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree, NA=Not Applicable)*

14. Overall, my jurisdiction is satisfied with the usability of the MAHC.

- 1    2    3    4    5    NA

15. It is easy to find the information that my jurisdiction needs within the MAHC.

- 1    2    3    4    5    NA

16. The MAHC is useful for my jurisdiction's public aquatic facility and regulation workflow.

- 1    2    3    4    5    NA

17. It is easy to use the MAHC in my jurisdiction's public aquatic facility and regulation workflow.

- 1    2    3    4    5    NA

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Please answer the following questions using this Likert scale:

(1=Strongly disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree, NA=Not Applicable)

18. The MAHC is easy to implement in my jurisdiction's public aquatic facility and regulation workflow.

1  2  3  4  5  NA

19. The supplemental resources provided for the MAHC (mini MAHCs; communication resources) are clear.

1  2  3  4  5  NA

20. The supplemental resources provided for the MAHC meets my jurisdiction's needs.

1  2  3  4  5  NA

21. My jurisdiction's work would be negatively impacted if CDC stopped updating the MAHC.

1  2  3  4  5  NA

Please answer the following questions about your jurisdiction and professional role:

22. What type of organization are you affiliated with?

Select

23. Which state or territory is your organization located in?


Select


25. City:  Not Applicable

24. Tribal Affiliation:  Not Applicable

26. County:  Not Applicable

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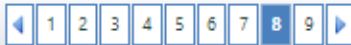
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Please answer the following questions about your program, activities, and affiliation.

27. Which of the following best describes your professional role?

Other:

28. How long have you been in your current position?

29. Approximately how many public aquatic facilities do you have in your jurisdiction?

Do not know/Unsure

30. How many public health staff members work on recreational water safety and regulation in your jurisdiction?

Do not know/Unsure

31. How many environmental health professionals or operators carry out inspections in your jurisdiction?

Do not know/Unsure

32. What is your recreational water program's annual operational budget?

Do not know/Unsure

33. What other professionals do you work with as part of your role in recreational water safety and regulation?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Infectious disease epidemiologist | <input type="checkbox"/> Injury/drowning prevention epidemiologist | <input type="checkbox"/> Pool inspector          |
| <input type="checkbox"/> Environmental health professional | <input type="checkbox"/> Public health policy officer              | <input type="checkbox"/> Structural engineers    |
| <input type="checkbox"/> Building owner/managers           | <input type="checkbox"/> Facility designers/builders               | <input type="checkbox"/> Building code officials |
| <input type="checkbox"/> Parks department officials        | <input type="checkbox"/> Other: <input type="text"/>               |  |

34. What other government agencies, associations, or non-profit organizations (e.g., Department of Environmental Quality, Red Cross) are involved in recreational water safety and regulation in your jurisdiction? Please list all organizations that come to mind.

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35. Would you be willing to be contacted to participate in further discussions (e.g., focus groups, interviews) about your jurisdiction's public aquatic facility safety and regulation program?

Select ▼

*If "Yes", please fill out the following contact information:*

First Name:

Last Name:

Email:

Confirm Email:

You have reached the end of the survey. Thank you for your feedback! We value your input as we work to improve MAHC guidance and processes.

If you have any questions, please email [PKache@cdc.gov](mailto:PKache@cdc.gov) with "MAHC Survey" in the subject line.

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