

MUSCOGEE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
PUBLIC SWIMMING POOL INSPECTION RECORD

Name of Facility	Address	City	County
GIRLS INC. OF COLS POOL	4637 KOLB AVE	COLUMBUS	
Operator	Address	City	County
	PO BOX 4040	COLUMBUS	

Deficiencies found on the inspection are marked with an (X). A check mark (✓) indicates satisfactory compliance. Each blank under column (24-26) should be filled in with above symbols as appropriate.

✓SATISFACTORY		UNSATISFACTORY	
ENFORCEMENT			
<input checked="" type="checkbox"/> None <input type="checkbox"/> Permit Suspended <input type="checkbox"/> Closed Voluntarily <input type="checkbox"/> Re-inspection needed within days <input type="checkbox"/> Hearing Requested/Recommended			
Permit No.			
106-P01			
Expiration Date			
2011	12	31	
YR		MO DA	
Purpose			
1	1. Routine 2. Re-inspection 3. Request 4. Complaint 5. Other		
Length of Inspection <u>00:45</u> Hours			
Pool Type:			
<input checked="" type="checkbox"/> Swimming/Pool <input type="checkbox"/> Spa Special Purpose Pool: Activity/Interactive/Wading Type: Pool			
Required Turnover Rate: 235.00gpm			
Type of Disinfection: _____			
Required Concentration: 3.0			
8		5	
Bather Load			
Purpose			
1	1. None 2. Water 3. Other		
Reason for Sample:			

	Item No.	24-59	Notes	
POOL WATER	Type supply: Public			
	Water supply approved, adequate	1	✓	
	Depth properly marked	2	✓	
	Overflow facilities adequate	3	✓	
	Constant water level	4	✓	
	Turnover adequate	5	✓ (see addendum)	
	Disinfectant residual concentration	6	✓ (see addendum)	
	pH (7.2-7.8)	7	✓ (see addendum)	
	Total Alkalinity	8	✓ (see addendum)	
	Calcium Hardness	9	✓	
	Cyanuric Acid	10	✓	
PUMPING AND FILTRATION AND TREATMENT SYSTEM	Clarity	11	✓	
	Pump operating properly	12	✓	
	Filters functioning properly	13	✓	
	Hair & lint strainers functioning properly	14	✓	
	Skimmers/Gutters maintained & operating properly	15	✓	
	Chemical feeders operating properly	16	✓	
	Recirculation and filtration equipment readily accessible	17	✓	
	DECK AND POOL AREA	Pool & Decks clean and in good repair	18	✓
		Night lighting adequate	19	✓ (see addendum)
		Hot & cold water under pressure	20	✓
	WATER AND FACILITIES	Adequate toilet facilities & showers	21	✓
SEWAGE DISPOSAL		Sewage disposal method: Public	22	✓
	Life line in place/Separation of wading pool	23	✓	
	Warning/Safety sign posted in clearview of pool area	24	✓	
	First aid kits available & properly equipped	25	✓	
	SAFETY PRE-CAUTIONS	Emergency & lifesaving equipment in conspicuous place	26	✓
		Emergency phone provided and hard wired	27	✓
	Gas cylinder precautions adequate	28	✓	
	Proper barrier around pool	29	✓	
	Main drains properly covered and maintained	30	✓ (see addendum)	
	Certified Pool Operator	31	✓ (see addendum)	
OPERATOR AND RECORDS	Lifeguard(s) (if provided) has proper certification	32	✓	
	Trained operator on duty	33	✓	
	Appropriate records on file	34	✓	
	Pool test kit(s) available and adequate for all necessary tests	35	✓	
	Other	36	✓	

Gauge Readings:		Laboratory Results:	
Influent Pressure	<u>0.00</u> psi	Alkalinity	<u>80.00</u> ppm
Effluent Pressure	<u>0.00</u> psi	Coliform Count	<u>0.00</u>
Flow Rate Main Pool	<u>250.00</u> gpm	Plate Count	<u>0.00</u>
Flow Rate Wading Pool	<u>0.00</u> gpm		
Name of Bactericide In Use:	<u>tri chl</u>	Rate	<u>0.00</u> ppm
Name of Stabilizer In Use:	<u>tri chl</u>	Rate	<u>0.00</u> ppm
Name of Filter System In Use:			
Algae Control Measures:			

Remarks
pool looks fine continue to clean

Date of Inspection	Discussed with (Signature)	Inspected by (Signature)
07/13/2011		
	pam olexas Title: cpo	Kathy McCarley Title: Environmental Health Technician

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Item Number	Notes
5	250
6	3.0
7	7.2
8	80
19	pool closes at 4:30
30	no main drain
31	31-293287