

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

Name of Facility DAYS INN NORTH POOL		Address 3452 MACON RD	City COLUMBUS	County Muscogee	<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
Operator Rodney Basart		Address 3170 VICTORY DR	City COLUMBUS	County	
Deficiencies found on the inspection are marked with an (X). A check mark (✓) indicates satisfactory compliance. Each blank under column (24-28) should be filled in with above symbols as appropriate.					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. <div style="border: 1px solid black; padding: 2px; width: fit-content;">106-P11</div> Expiration Date <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> 2013 12 31 </div> <p align="center">YR MO DA</p> Purpose <div style="border: 1px solid black; padding: 2px; width: fit-content;">1</div> <ol style="list-style-type: none"> 1. Routine 2. Re-inspection 3. Request 4. Complaint 5. Other Length of Inspection: 0:40 Hours Pool Type: <input checked="" type="checkbox"/> Swimming/Pool <input type="checkbox"/> Spa <input type="checkbox"/> Special Purpose Pool: Activity/Interactive/Wading Type: Pool Required Turnover Rate: 0 gpm Type of Disinfection: Required Concentration: <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> 3 8 </div> <p align="center">Bather Load</p> Purpose <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> <ol style="list-style-type: none"> 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	✓		
Clarity	11	✓			
PUMPING FILTRATION AND TREATMENT SYSTEM	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	✓		
WATER AND FACILITIES	Hot & cold water under pressure	20	✓		
	Adequate toilet facilities & showers	21	✓	(see addendum)	
SEWAGE DISPOSAL	Sewage disposal method: Public	22	✓		
SAFETY PRE-CAUTIONS	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	✓	(see addendum)	
	Emergency & lifesaving equipment in conspicuous place	26	✓		
	Emergency phone provided and hard wired	27	✓	(see addendum)	
	Gas cylinder precautions adequate	28	✓		
	Proper barrier around pool	29	✓		
	Main drains properly covered and maintained	30	✓	(see addendum)	
OPERATOR AND RECORDS	Certified Pool Operator	31	✓	(see addendum)	
	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	0	psi	Alkalinity	0	
Effluent Pressure	0	psi	Coliform Count	0	
Flow Rate Main Pool	0	gpm	Plate Count	0	
Flow Rate Wading Pool	0	gpm			
Name of Bactericide In Use: Tri-clor		Rate	0	ppm	
Name of Stabilizer In Use:		Rate	0	ppm	
Name of Filter System In Use:					
Algae Control Measures:					
Remarks Install room phone for dialling 911. Will put in new phone later in day.					
Date of Inspection 09/14/2011	Discussed with (Signature) Bob Patel Title: Owner		Inspected by (Signature) Trina Macon Title: Environmental Health Specialist IV		

**MUSCOGEE COUNTY HEALTH DEPARTMENT
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Name of Facility DAYS INN NORTH POOL	Address 3452 MACON RD	City COLUMBUS	County Muscogee
Operator Rodney Basart	Address 3170 VICTORY DR	City COLUMBUS	County
Item Number	Notes		
5	110gpm		
6	10.0		
7	7.2		
8	120		
21	In rooms		
25	Front desk		
27	911		
30	VGB Act letter on file		
31	Rodney Basat—Crystall pools		