

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

Name of Facility: N COLS BOYS & GIRLS CLUB POOL  
 Address: 1309 29TH ST  
 City: COLUMBUS  
 County: \_\_\_\_\_  
 Operator: \_\_\_\_\_  
 Address: 1700 BUENA VISTA RD  
 City: COLUMBUS  
 County: \_\_\_\_\_

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.

	Item No.	24-59	Notes
Type supply: Public			
POOL WATER	Water supply approved, adequate	1	✓
	Depth properly marked	2	X (see addendum)
	Overflow facilities adequate	3	✓
	Constant water level	4	✓
	Turnover adequate	5	✓
	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 AND TREATMENT SYSTEM	Pump operating properly	12	✓
	Filters functioning properly	13	✓
	Hair & lint strainers functioning properly	14	✓
	Skimmers/Gutters maintained & operating properly	15	✓
DECK AND POOL AREA	Chemical feeders operating properly	16	✓
	Recirculation and filtration equipment readily accessible	17	✓
	Pool & Decks clean and in good repair	18	✓
	Night lighting adequate	19	✓ (see addendum)
WATER AND FACILITIES	Hot & cold water under pressure	20	✓
	Adequate toilet facilities & showers	21	✓
	Sewage disposal method: Public		
SAFETY PRECAUTIONS	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	✓ (see addendum)
	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	✓
	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	✓
	Laboratory Results:		

Gauge Readings:  
 Influent Pressure: 0.00 psi  
 Effluent Pressure: 0.00 psi  
 Flow Rate Main Pool: 200.00 gpm  
 Flow Rate Wading Pool: 0.00 gpm

Alkalinity: 80.00 ppm  
 Coliform Count: 0.00  
 Plate Count: 0.00

Name of Bactericide In Use: tri chl Rate: 0.00 ppm  
 Name of Stabilizer In Use: tri chl Rate: 0.00 ppm  
 Name of Filter System In Use: \_\_\_\_\_  
 Algae Control Measures: \_\_\_\_\_

**✓ SATISFACTORY**  
**UNSATISFACTORY**

**ENFORCEMENT**  
 None  
 Permit Suspended  
 Closed Voluntarily  
 Re-inspection needed within days  
 Hearing Requested/Recommended

**Permit No.**  
 106-P13

**Expiration Date**  
 2011 12 31  
 YR MO DA

**Purpose**  
 1. Routine  
 2. Re-inspection  
 3. Request  
 4. Complaint  
 5. Other  
 1

Length of Inspection: 00:45 Hours

**Pool Type:**  
 Swimming/Pool  
 Spa  
 Special Purpose Pool:  
     Activity/Interactive/Wading  
 Type: Pool

Required Turnover Rate: 200.00gpm  
 Type of Disinfection: \_\_\_\_\_  
 Required Concentration: 3.0

Bather Load: 70

**Purpose**  
 1. None  
 2. Water  
 3. Other  
 1

Reason for Sample: \_\_\_\_\_

Remarks: add 4" no diving signs to pool deck (see pool rules) keep records on pool complete pool is 80,000 gallons

Date of Inspection: 06/21/2011  
 Discussed with (Signature): rodney bell  
 Title: manger  
 Inspected by (Signature): Kathy McCarley  
 Title: Environmental Health Technician

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 Operator

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Item Number	Notes
2	see below
6	3.0
7	7.2
8	80
19	pool closes at 6 pm
25	front desk
31	crystal pools