

**Georgia Department of Human Resources
PUBLIC SWIMMING POOL INSPECTION RECORD**

Pool Closed

Name of Facility Columbus Inn Address 3150 City Victoria County OR.
 Certified Pool Operator _____ Address _____ City _____ County _____

SATISFACTORY
 UNSATISFACTORY

Deficiencies found on the inspection are marked with a (X). A check mark (✓) indicates satisfactory compliance, (NA) means non-applicable, *Indicates a substantial health hazard. Other items may be considered substantial health hazards depending on severity. The pool must be closed until substantial health hazards are corrected. One or more substantial health hazards violated, two or more other items violated or repeated violations will result in an unsatisfactory rating. An unsatisfactory rating may result in enforcement action.

| | X/✓ | Notes: |
|---|--|--------|
| POOL WATER | 1. Water supply approved, adequate | ✓ |
| | 2. Depth properly marked | |
| | 3. Overflow facilities adequate | |
| | 4. Constant water level | |
| | 5. Turnover adequate | |
| | * 6. Disinfectant residual: Concentration | |
| | * 7. pH (7.2-7.8) | |
| | 8. Total Alkalinity | |
| | 9. Calcium Hardness | |
| | 10. Cyanuric Acid | |
| | *11. Clarity | |
| PUMPING FILTRATION AND TREATMENT SYSTEM | *12. Pump operating properly | |
| | *13. Filters functioning properly | |
| | 14. Hair & lint strainers functioning properly | |
| | *15. Skimmers/Gutters maintained & operating properly | |
| | *16. Chemical feeders operating properly | |
| DECK AND POOL AREA | 17. Recirculation and filtration equipment readily accessible | |
| | 18. Pool & Decks clean, and in good repair | |
| WATER AND FACILITIES | 19. Night lighting adequate | |
| | 20. Hot & cold water under pressure | |
| SEWAGE DISPOSAL | 21. Adequate toilet facilities & showers | |
| | 22. Sewage disposal method: 1. Public, 2. Septic Tank, 3. Positive outlet, (approved and functioning properly) | |
| SAFETY PRE-CAUTIONS | 23. Life line in place/Separation of wading pool | |
| | 24. Warning/Safety sign posted in clearview of pool area | |
| | 25. First aid kits available & properly equipped | |
| | 26. Emergency & lifesaving equipment in conspicuous place | |
| | 27. Emergency phone provided and hard wired | |
| | 28. Gas cylinder precautions adequate | |
| | 29. Proper barrier around pool | |
| | 30. Main drains properly covered and maintained | |
| OPERATOR AND RECORDS | 31. Certified Pool Operator: 1. On-site 2. Contract | |
| | 32. Lifeguard(s) (if provided) has proper certification | |
| | 33. Trained operator on duty | |
| | 34. Appropriate records on file | |
| | 35. Pool test kit(s) available and adequate for all necessary tests | |
| | 36. Other | |

Pool closed for
 2012 season
 for maintenance

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

Permit No.
 Expiration Date
 YR MO DA

Purpose: 1. Routine
 2. Follow-up
 3. Request
 4. Complaint
 5. Other _____

Length of Inspection _____ Minutes

Pool Type:
 Swimming/Pool
 Spa
 Special Purpose Pool:

Type: Hotel
 Required Turnover Rate 100 gpm
 Type of Disinfectant Trichlor
 Required Concentration 3.0-5.0

Bather Load

Laboratory Sample
 1. None
 2. Water
 3. Other

Reason for Sample: _____

Remarks: Call Health Dept when Ready for 2012 season.

Date of Inspection 10/25/11 Discussed with (Signature & Title) Cabin T. Woods Inspected by (Signature & Title) Nathly McCarley