

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

Name of Facility <i>Double Churches Pool</i>	Address <i>2300</i>	City <i>Double Churches</i>	County <i>Rd.</i>	<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
Certified Pool Operator	Address	City	County	
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 <i>531,687</i>	1. Water supply approved, adequate	✓		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; width: 100px; height: 20px; margin: 5px;"></div> Expiration Date <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> 09 12 31 </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> YR MO DA </div> Purpose: <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">1</div> <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Request 4. Complaint 5. Other _____ Length of Inspection <i>60</i> Minutes
	2. Depth properly marked	✓		
	3. Overflow facilities adequate	✓		
	4. Constant water level	✓		
	5. Turnover adequate			
	* 6. Disinfectant residual: Concentration	✓	<i>2.0</i>	
	* 7. pH (7.2-7.8)	✓	<i>7.6</i>	
	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	<i>1/2</i>	<i>pool closes at 6:00</i>	
	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)	1		
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	✓	<i>Letter on file</i>	
	OPERATOR AND RECORDS	31. Certified Pool Operator: 1. On-site 2. Contract	1	
		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		✓		
Remarks: <i>pool looks okay. continue to clean, mark or fix any places on pool deck that may be trip hazards. keep watch on chemical levels and flow water.</i>				
Date of Inspection <i>7/22/09</i>	Discussed with (Signature & Title) <i>[Signature]</i>	Inspected by (Signature & Title) <i>[Signature]</i>		

ENFORCEMENT

None

Permit Suspended

Closed Voluntarily

Re-inspection needed within _____ days

Hearing Requested/Recommended

Permit No.

Expiration Date

09
12
31

YR
MO
DA

Purpose:

1

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

Length of Inspection *60* Minutes

Pool Type:

Swimming/Pool

Spa

Special Purpose Pool:

Type: *City*

Required Turnover Rate *1470* bpm

Type of Disinfectant _____

Required Concentration _____

5
0
0

Bather Load

Laboratory Sample

1

1. None
2. Water
3. Other

Reason for Sample: _____