

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

<b>Name of Facility</b>	<b>Address</b>	<b>City</b>	<b>County</b>
PSALMOND ROAD POOL	6800 PSALMOND RD	COLUMBUS	
<b>Operator</b>	<b>Address</b>	<b>City</b>	<b>County</b>
	100 10TH ST	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.

	Item No.	24-59	Notes	
<b>POOL WATER</b>	Type supply: Public			
	Water supply approved, adequate	1	✓	
	Depth properly marked	2	✓	
	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	✓	
<b>PUMPING AND FILTRATION AND TREATMENT SYSTEM</b>	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	✓	
	<b>DECK AND POOL AREA</b>	Pool & Decks clean and in good repair	18	✓
		Night lighting adequate	19	✓
		Hot & cold water under pressure	20	✓
	<b>WATER AND FACILITIES</b>	Adequate toilet facilities & showers	21	✓
<b>SEWAGE DISPOSAL</b>		Sewage disposal method: Public	22	✓
	Life line in place/Separation of wading pool	23	✓	
<b>SAFETY PRECAUTIONS</b>	Warning/Safety sign posted in clearview of pool area	24	✓	
	First aid kits available & properly equipped	25	✓	
	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	✓	
	Lifeguard(s) (if provided) has proper certification	32	✓	
	<b>OPERATOR AND RECORDS</b>	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:

Influent Pressure	<u>700.00</u>	psi
Effluent Pressure	<u>2000.00</u>	psi
Flow Rate Main Pool	<u>1500.00</u>	gpm
Flow Rate Wading Pool	<u>0.00</u>	gpm

Laboratory Results:

Alkalinity	<u>100.00</u>	ppm
Coliform Count	<u>0.00</u>	
Plate Count	<u>0.00</u>	

Name of Bactericide In Use: liquid chl  
 Name of Stabilizer In Use:  
 Name of Filter System In Use:  
 Algae Control Measures:

Rate 0.00 ppm  
 Rate 0.00 ppm

Remarks  
 pool looks fine

Date of Inspection	Discussed with (Signature)	Inspected by (Signature)
06/30/2011		
	kim fillers Title: manager/ cpo	Kathy McCarley Title: Environmental Health Technician

SATISFACTORY  
 UNSATISFACTORY

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

**Permit No.**  

106-P21

**Expiration Date**  

2011	12	31
YR	MO	DA

**Purpose**  

1	1. Routine 2. Re-inspection 3. Request 4. Complaint 5. Other
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Length of Inspection 01:00 Hours

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

Required Turnover Rate: 540.00gpm  
 Type of Disinfection:  
 Required Concentration:

3	0	0
Bather Load		

**Purpose**  

1	1. None 2. Water 3. Other
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Reason for Sample:

MUSCOGEE COUNTY HEALTH DEPARTMENT  
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Item Number	Notes
6	6.0
7	7.8
8	100