

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

Name of Facility Colony Inn Pool		Address 4300 Victory Drive	City Victory	County Muscogee
Certified Pool Operator Geo - George Snyder 360-2337661		Address	City	County
<p>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.</p>				
POOL WATER 29,94M	1. Water supply approved, adequate	X/✓	✓	Notes:
	2. Depth properly marked		✓	3ft - 8ft
	3. Overflow facilities adequate		✓	
	4. Constant water level		✓	
	5. Turnover adequate 60		✓	80
	*6. Disinfectant residual: Concentration (1.5-5)		✓	3
	*7. pH (7.2-7.8)		✓	7.4
	8. Total Alkalinity 80-120		✓	80
	9. Calcium Hardness		NA	
	10. Cyanuric Acid			
PUMPING FILTRATION AND TREATMENT SYSTEM	*11. Clarity		✓	
	*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		✓	at dusk - closed
	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		✓	@ 3.5ft
	24. Warning/Safety sign posted in clearview of pool area		✓	
	25. First aid kits available & properly equipped		✓	front desk
	26. Emergency & lifesaving equipment in conspicuous place		✓	frk
	27. Emergency phone provided and hard wired		✓	front desk
	28. Gas cylinder precautions adequate		NA	
	29. Proper barrier around pool		✓	
	30. Main drains properly covered and maintained		NA	NO drains
OPERATOR AND RECORDS	31. Certified Pool Operator: 1. On-site 2. Contract		1	George Snyder
	32. Lifeguard(s) (if provided) has proper certification		NA	
	33. Trained operator on duty		✓	
	34. Appropriate records on file		✓	
	35. Pool test kit(s) available and adequate for all necessary tests		✓	
	36. Other		✓	

SATISFACTORY

UNSATISFACTORY

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

Permit No. **106**

	P	2	2
--	---	---	---

Expiration Date

09	12	31
----	----	----

 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 **60** gpm
 Type of Disinfectant **Trichlor**
 Required Concentration **1.5-5**

		1	8		
--	--	---	---	--	--

 - 25
Bather Load

Laboratory Sample
 1. None
 2. Water
 3. Other

Reason for Sample: _____

Remarks:
*** outdoor pool**

Date of Inspection **5-15-2009** Discussed with (Signature & Title) **George Snyder 3/15/09** Inspected by (Signature & Title) **[Signature] EMS**