

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

Name of Facility: COMFORT SUITES POOL
Address: 5236 ARMOUR RD
City: COLUMBUS
County: _____
Operator: _____
Address: 5236 ARMOUR 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		
POOL WATER	Type supply: Public				
	Water supply approved, adequate	1	✓		
	Depth properly marked	2	✓ (see addendum)		
	Overflow facilities adequate	3	✓		
	Constant water level	4	✓		
	Turnover adequate	5	✓ (see addendum)		
	Disinfectant residual concentration	6	✓ (see addendum)		
	pH (7.2-7.8)	7	✓ (see addendum)		
	Total Alkalinity	8	✓		
	Calcium Hardness	9	✓		
	Cyanuric Acid	10	✓		
PUMPING AND FILTRATION AND TREATMENT SYSTEM	Clarity	11	✓		
	Pump operating property	12	✓		
	Filters functioning property	13	✓		
	Hair & lint strainers functioning property	14	✓		
	Skimmers/Gutters maintained & operating property	15	✓		
	Chemical feeders operating property	16	✓		
	Recirculation and filtration equipment readily accessible	17	✓		
	DECK AND POOL AREA	Pool & Decks clean and in good repair	18	✓	
		Night lighting adequate	19	✓	
		Hot & cold water under pressure	20	✓	
	WATER AND FACILITIES	Adequate toilet facilities & showers	21	✓	
SEWAGE DISPOSAL		Sewage disposal method: Public	22	✓	
	Life line in place/Separation of wading pool	23	✓		
SAFETY PRECAUTIONS	Warning/Safety sign posted in clearview of pool area	24	✓ (see addendum)		
	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	✓		
	Trained operator on duty	33	✓		
	OPERATOR AND RECORDS	Appropriate records on file	34	✓	
Pool test kit(s) available and adequate for all necessary tests		35	✓		
Other		36	✓		
Laboratory Results:					
Influent Pressure	0.00	psi	Alkalinity	0.00	ppm
Effluent Pressure	0.00	psi	Coliform Count	0.00	
Flow Rate Main Pool	0.00	gpm	Plate Count	0.00	
Flow Rate Wading Pool	0.00	gpm			
Name of Bactericide In Use: tri chl			Rate: 0.00 ppm		
Name of Stabilizer In Use:			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-P41

Expiration Date

2011 12 30
YR MO DA

Purpose

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

Length of Inspection 01:30 Hours

Pool Type:

- ✓ Swimming/Pool
- Spa
- Special Purpose Pool: Activity/Interactive/Wading
- Type: Pool

Required Turnover Rate: 0.00 gpm

Type of Disinfection: _____

Required Concentration: _____

3 0
Bather Load

Purpose

- 1. None
- 2. Water
- 3. Other

Reason for Sample:

Remarks: pool looks fine continue to clean keep records on pool daily as of 4-5-11 add no diving signs to deck 4" letters

Date of Inspection Discussed with (Signature) Inspected by (Signature)

04/05/2011

michael hlers
Title: cpo

Kathy McCarley
Title: Environmental Health Technician

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

Name of Facility	Address	City	County
COMFORT SUITES POOL	5236 ARMOUR RD	COLUMBUS	
Operator	Address	City	County
	5236 ARMOUR RD	COLUMBUS	

Item Number	Notes
2	see below
5	70
6	4.5
7	7.8
24	sign must be in place before you open pool