

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

Name of Facility	Address	City	County
COUNTRY INN & SUITES POOL	1720 FOUNTAIN CT	COLUMBUS	
Operator	Address	City	County
Curtis McCrory	1720 FOUNTAIN CT	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
	Type supply: Public		
POOL WATER	Water supply approved, adequate	1	✓
	Depth properly marked	2	✓
	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	✓ (see addendum)
	Calcium Hardness	9	✓ (see addendum)
	Cyanuric Acid	10	✓ (see addendum)
	Clarity	11	✓
PUMPING FILTRATION AND TREATMENT SYSTEM	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	✓
	Pool & Decks clean and in good repair	18	✓
	Night lighting adequate	19	✓
	Hot & cold water under pressure	20	✓
	Adequate toilet facilities & showers	21	✓
DECK AND POOL AREA WATER AND FACILITIES SEWAGE DISPOSAL	Sewage disposal method: Public	22	✓
	Life line in place/Separation of wading pool	23	✓ (see addendum)
	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	✓ (see addendum)
	Proper barrier around pool	29	✓
	Main drains properly covered and maintained	30	✓
	Certified Pool Operator	31	✓
	Lifeguard(s) (if provided) has proper certification	32	✓ (see addendum)
SAFETY PRE-CAUTIONS	Trained operator on duty	33	✓
	Appropriate records on file	34	✓
	Pool test kit(s) available and adequate for all necessary tests	35	✓
	Other	36	✓
OPERATOR AND RECORDS			

Gauge Readings:

Influent Pressure	<u>0.00</u>	psi
Effluent Pressure	<u>0.00</u>	psi
Flow Rate Main Pool	<u>60.00</u>	gpm
Flow Rate Wading Pool	<u>0.00</u>	gpm

Laboratory Results:

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

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

Rate 0.00 ppm
 Rate 0.00 ppm

Remarks

Date of Inspection

Discussed with (Signature)

Inspected by (Signature)

01/19/2012

Zarina Haider
 Title: manager

Wanda Boutwell
 Title: Environmental Health Specialist IV

<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY							
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.							
<table border="1"> <tr> <td align="center" colspan="3">106-P42</td> </tr> </table>		106-P42					
106-P42							
Expiration Date							
<table border="1"> <tr> <td align="center">2011</td> <td align="center">12</td> <td align="center">31</td> </tr> <tr> <td align="center" colspan="3">YR MO DA</td> </tr> </table>		2011	12	31	YR MO DA		
2011	12	31					
YR MO DA							
Purpose							
<table border="1"> <tr> <td align="center">5</td> <td> 1. Routine 2. Re-inspection 3. Request 4. Complaint 5. Other <u>opening for 2012</u> </td> </tr> </table>		5	1. Routine 2. Re-inspection 3. Request 4. Complaint 5. Other <u>opening for 2012</u>				
5	1. Routine 2. Re-inspection 3. Request 4. Complaint 5. Other <u>opening for 2012</u>						
Length of Inspection <u>01:00</u> Hours							
Pool Type:							
<input checked="" type="checkbox"/> Swimming/Pool <input type="checkbox"/> Spa Special Purpose Pool: <input type="checkbox"/> Activity/Interactive/Wading Type: <u>Pool</u>							
Required Turnover Rate: <u>60.00</u> gpm							
Type of Disinfection: _____							
Required Concentration: _____							
<table border="1"> <tr> <td></td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td align="center" colspan="3">Bather Load</td> </tr> </table>			2	8	Bather Load		
	2	8					
Bather Load							
Purpose							
<table border="1"> <tr> <td align="center">1</td> <td> 1. None 2. Water 3. Other </td> </tr> </table>		1	1. None 2. Water 3. Other				
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Reason for Sample:							

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Name of Facility	Address	City	County
COUNTRY INN & SUITES POOL	1720 FOUNTAIN CT	COLUMBUS	
Operator	Address	City	County
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Item Number	Notes
5	60gpm
6	5
7	7.3
8	120
9	n/a
10	n/a
23	n/a
28	n/a
32	n/a

Large empty rectangular area for additional notes or observations.