

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

Name of Facility Sleep Inn Pool	Address 5100 Arrow Rd	City Cols GA	County Cols GA
Certified Pool Operator Crystal Burns	Address	City	County

SATISFACTORY

UNSATISFACTORY

106-P49

Deficiencies found on this 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>15000 gals</i>		1. Water supply approved, adequate
		2. Depth properly marked
		3. Overflow facilities adequate
		4. Constant water level
		5. Turnover adequate
		* 6. Disinfectant residual: Concentration
		* 7. pH (7.2-7.8)
		8. Total Alkalinity <i>N/A</i>
		9. Calcium Hardness <i>N/A</i>
		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
		17. Recirculation and filtration equipment readily accessible
DECK AND POOL AREA		18. Pool & Decks clean, and in good repair
		19. Night lighting adequate
WATER AND FACILITIES		20. Hot & cold water under pressure
		21. Adequate toilet facilities & showers
SEWAGE DISPOSAL		22. Sewage disposal method: 1. Public, 2. Septic Tank, 3. Positive outlet, (approved and functioning properly)
SAFETY PRE-CAUTIONS		23. Life line in place/Separation of wading pool <i>N/A</i>
		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 <i>N/A</i>
		29. Proper barrier around pool
		30. Main drains properly covered and maintained
OPERATOR AND RECORDS		31. Certified Pool Operator: 1. On-site 2. Contract
		32. Lifeguard(s) (if provided) has proper certification <i>N/A</i>
		33. Trained operator on duty
		34. Appropriate records on file
		35. Pool test kit(s) available and adequate for all necessary tests
		36. Other

ENFORCEMENT

None

Permit Suspended

Closed Voluntarily

Re-inspection needed within _____ days

Hearing Requested/Recommended

Permit No. **106 P49**

Expiration Date **08 12 31**
 YR MO DA

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

Length of Inspection **20** Minutes

Pool Type:
 Swimming/Pool
 Spa
 Special Purpose Pool:

Type: **Hotel**

Required Turnover Rate **31** gpm
 Type of Disinfectant **Triclor**
 Required Concentration **1.5-5.0**

Bather Load

Laboratory Sample
 1. None
 2. Water
 3. Other

Reason for Sample:

Remarks: **Pool currently closed. Stay closed until ~~the~~ chemicals analysis is completed by Cols Health Dept. Call to reopen pool by 11-7-08**

Date of Inspection 11-6-08	Discussed with (Signature & Title) <i>Crystal Burns</i>	Inspected by (Signature & Title) <i>Jim McNamee</i>
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