

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

Name of Facility FAIRFIELD INN & SUITES SPA		Address 4510 E ARMOUR RD	City COLUMBUS	County	✓SATISFACTORY UNSATISFACTORY									
Operator		Address 4510 E 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.					ENFORCEMENT <input checked="" type="checkbox"/> None Permit Suspended Closed Voluntarily Re-inspection needed within days Hearing Requested/Recommended Permit No. <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">106-P56</div> Expiration Date <table border="1" style="border-collapse: collapse; text-align: center; margin: 5px auto;"> <tr> <td style="width: 30px;">2012</td> <td style="width: 30px;">12</td> <td style="width: 30px;">31</td> </tr> </table> YR MO DA Purpose <table border="1" style="border-collapse: collapse; text-align: center; margin: 5px auto;"> <tr> <td style="width: 30px;">1</td> <td style="width: 100px;"> 1. Routine 2. Re-inspection 3. Request 4. Complaint 5. Other </td> </tr> </table> Length of Inspection 00:40 Hours Pool Type: <input type="checkbox"/> Swimming/Pool <input checked="" type="checkbox"/> Spa Special Purpose Pool: Activity/Interactive/Wading Type: Pool Required Turnover Rate: 30.00 gpm Type of Disinfection: Trichlor Required Concentration: 3.0 <table border="1" style="border-collapse: collapse; text-align: center; margin: 5px auto;"> <tr> <td style="width: 30px;">1</td> <td style="width: 30px;">0</td> </tr> </table> Bather Load Purpose <table border="1" style="border-collapse: collapse; text-align: center; margin: 5px auto;"> <tr> <td style="width: 30px;">1</td> <td style="width: 100px;"> 1. None 2. Water 3. Other </td> </tr> </table> Reason for Sample:	2012	12	31	1	1. Routine 2. Re-inspection 3. Request 4. Complaint 5. Other	1	0	1	1. None 2. Water 3. Other
2012	12	31												
1	1. Routine 2. Re-inspection 3. Request 4. Complaint 5. Other													
1	0													
1	1. None 2. Water 3. Other													
		Item No.	24-59	Notes										
POOL WATER	Type supply: Public													
	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	✓											
DECK AND POOL AREA	Pool & Decks clean and in good repair	18	✓											
	Night lighting adequate	19	✓	(see addendum)										
WATER AND FACILITIES	Hot & cold water under pressure	20	✓											
	Adequate toilet facilities & showers	21	✓	(see addendum)										
SEWAGE DISPOSAL	Sewage disposal method: Public	22	✓											
SAFETY PRE-CAUTIONS	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	✓	(see addendum)										
	Emergency & lifesaving equipment in conspicuous place	26	✓											
	Emergency phone provided and hard wired	27	✓	(see addendum)										
	Gas cylinder precautions adequate	28	✓	(see addendum)										
	Proper barrier around pool	29	✓											
	Main drains properly covered and maintained	30	✓											
OPERATOR AND RECORDS	Certified Pool Operator	31		(see addendum)										
	Lifeguard(s) (if provided) has proper certification	32	✓	(see addendum)										
	Trained operator on duty	33	✓	(see addendum)										
	Appropriate records on file	34	✓											
	Pool test kit(s) available and adequate for all necessary tests	35	✓											
	Other	36	✓	(see addendum)										
Gauge Readings:		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: Trichlor		Rate	0.00 ppm											
Name of Stabilizer In Use:		Rate	0.00 ppm											
Name of Filter System In Use:														
Algae Control Measures:														
Remarks														
Date of Inspection 11/29/2011		Discussed with (Signature) Marvin Brown Title: Maintenance		Inspected by (Signature) Kristi Ludy Title: Environmental Health Specialist III										

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

Name of Facility		Address	City	County
FAIRFIELD INN & SUITES SPA		4510 E ARMOUR RD	COLUMBUS	
Operator		Address	City	County
		4510 E ARMOUR RD	COLUMBUS	
Item Number	Notes			
5	36 gpm			
6	7.0			
7	7.6			
8	80			
9	NA			
10	NA			
19	Pool & Spa Hours: 6am-10pm			
21	Lobby and adjacent hotel rooms			
23	NA - 3ft and less			
25	Located at front desk.			
27	Automatically dial to 911.			
28	NA			
31	Candace Forbes 33-222277			
32	NA - No lifeguard on duty.			
33	Marvin Brown			
36	water fountain and clock			