

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

|   |   |                                    |  |                |  |
|---|---|------------------------------------|--|----------------|--|
| <b>Name of Facility</b><br>FAIRFIELD INN & SUITES POOL  |   | <b>Address</b><br>4510 E ARMOUR RD | <b>City</b><br>COLUMBUS  | <b>County</b>  | <b>✓SATISFACTORY<br/>UNSATISFACTORY</b>  |
| <b>Operator</b><br>Candace Forbes   |   | <b>Address</b><br>4510 E ARMOUR RD | <b>City</b><br>COLUMBUS  | <b>County</b>  |  |
| 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. |   |                                    |  |                | <b>ENFORCEMENT</b><br>✓ None<br>Permit Suspended<br>Closed Voluntarily<br>Re-inspection needed within days<br>Hearing Requested/Recommended<br><br><b>Permit No.</b><br><div style="border: 1px solid black; padding: 2px; width: fit-content;">106-P59</div><br><b>Expiration Date</b><br><div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> <span>2012</span> <span>12</span> <span>31</span> </div> YR MO DA<br><br><b>Purpose</b><br><div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <ol style="list-style-type: none"> <li>1. Routine</li> <li>2. Re-inspection</li> <li>3. Request</li> <li>4. Complaint</li> <li>5. Other</li> </ol> |
|   |   | <b>Item No.</b>                    | <b>24-59</b>   | <b>Notes</b>   |  |
| <b>POOL WATER</b>   | 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  | ✓                                  |  |                |  |
| <b>PUMPING FILTRATION AND TREATMENT SYSTEM</b>  | 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                                 | ✓  |                |  |
| <b>DECK AND POOL AREA</b>   | Pool & Decks clean and in good repair                                       | 18                                 | ✓  |                |  |
|   | Night lighting adequate   | 19                                 | ✓  | (see addendum) |  |
| <b>WATER AND FACILITIES</b>   | Hot & cold water under pressure   | 20                                 | ✓  |                |  |
|   | Adequate toilet facilities & showers  | 21                                 | ✓  | (see addendum) |  |
| <b>SEWAGE DISPOSAL</b>  | Sewage disposal method: Public  | 22                                 | ✓  |                |  |
| <b>SAFETY PRE-CAUTIONS</b>  | 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                                 | ✓  | (see addendum) |  |
|   | 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                                 | ✓  |                |  |
| <b>OPERATOR AND RECORDS</b>   | 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) |  |
| <b>Gauge Readings:</b>  |   | <b>Laboratory Results:</b>         |  |                | Length of Inspection <u>00:40</u> Hours<br><br><b>Pool Type:</b><br>✓ Swimming/Pool<br>Spa<br>Special Purpose Pool:<br>Activity/Interactive/Wading<br>Type: Pool<br><br>Required Turnover Rate: <u>28.00</u> gpm<br>Type of Disinfection: <u>Trichlor</u><br>Required Concentration: <u>3.0</u><br><br><div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> <span style="font-size: 2em;">1</span> <span style="font-size: 2em;">8</span> </div> Bather Load<br><br><b>Purpose</b><br><div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <ol style="list-style-type: none"> <li>1. None</li> <li>2. Water</li> <li>3. Other</li> </ol> Reason for Sample:    |
| 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:   | <u>Trichlor</u>   | Rate                               | 0.00 ppm   |                |  |
| Name of Stabilizer In Use:  |   | Rate                               | 0.00 ppm   |                |  |
| Name of Filter System In Use:   |   |                                    |  |                |  |
| Algae Control Measures:   |   |                                    |  |                |  |
| <b>Remarks</b>  |   |                                    |  |                |  |
| <b>Date of Inspection</b><br>11/29/2011   | <b>Discussed with (Signature)</b><br><br>Marvin Brown<br>Title: Maintenance |                                    | <b>Inspected by (Signature)</b><br><br>Kristi Ludy<br>Title: Environmental Health Specialist III |                |  |

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

|  |                                    |                         |               |
|--|------------------------------------|-------------------------|---------------|
| <b>Name of Facility</b><br>FAIRFIELD INN & SUITES POOL | <b>Address</b><br>4510 E ARMOUR RD | <b>City</b><br>COLUMBUS | <b>County</b> |
| <b>Operator</b><br>Candace Forbes                      | <b>Address</b><br>4510 E ARMOUR RD | <b>City</b><br>COLUMBUS | <b>County</b> |

| Item Number | Notes                       |
|-------------|-----------------------------|
| 5           | 50 gpm                      |
| 6           | 3.0                         |
| 7           | 7.8                         |
| 8           | 120                         |
| 9           | NA                          |
| 10          | NA                          |
| 19          | Pool & Spa Hours: 6am-10pm  |
| 21          | Lobby and adjacent rooms    |
| 23          | NA - 5ft and less           |
| 25          | Located at front desk.      |
| 26          | Automatically dials to 911. |
| 28          | NA                          |
| 31          | Candace Forbes 33-22277     |
| 32          | NA - No lifeguard on duty.  |
| 33          | Marvin Brown                |
| 36          | water fountain              |