

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

<b>Name of Facility</b> LAQUINTA INN & POOL		<b>Address</b> 2919 WARM SPRINGS RD	<b>City</b> COLUMBUS	<b>County</b>	<input checked="" type="checkbox"/> <b>SATISFACTORY</b> <input type="checkbox"/> <b>UNSATISFACTORY</b>
<b>Operator</b> Steve Boviard		<b>Address</b> 909 HIDDEN RIDGE STE 600	<b>City</b> DALLAS	<b>County</b>	
<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>					<b>ENFORCEMENT</b> <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  <b>Permit No.</b> <div style="border: 1px solid black; padding: 2px; width: fit-content;">106-P62</div> <b>Expiration Date</b> <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> <span>2013</span> <span>12</span> <span>31</span> </div> <p align="center">YR MO DA</p> <b>Purpose</b> <div style="border: 1px solid black; padding: 2px; width: fit-content;">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> Length of Inspection: 00:30 Hours <b>Pool Type:</b> <input checked="" type="checkbox"/> Swimming/Pool <input type="checkbox"/> Spa <input type="checkbox"/> Special Purpose Pool: Activity/Interactive/Wading Type: Pool Required Turnover Rate: 43.00ppm Type of Disinfection: Trichlor Required Concentration: 3.0-10.0  <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> <span></span> <span></span> <span>3</span> <span>4</span> </div> <p align="center"><b>Bather Load</b></p> <b>Purpose</b> <div style="border: 1px solid black; padding: 2px; width: fit-content;">1</div> <ol style="list-style-type: none"> <li>1. None</li> <li>2. Water</li> <li>3. Other</li> </ol> Reason for Sample:
		Item No.	24-59	Notes	
<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	X	(see addendum)	
	Night lighting adequate	19	✓	(see addendum)	
<b>WATER AND FACILITIES</b>	Hot & cold water under pressure	20	✓	(see addendum)	
	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	✓		
	Emergency phone provided and hard wired	27	✓	(see addendum)	
	Gas cylinder precautions adequate	28	✓	(see addendum)	
	Proper barrier around pool	29	✓		
<b>OPERATOR AND RECORDS</b>	Main drains properly covered and maintained	30	✓		
	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>			
Influent Pressure	0.00	psi	Alkalinity	0.00	
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:					
<b>Remarks</b>					
<b>Date of Inspection</b> 07/27/2011	<b>Discussed with (Signature)</b>  Greg Corkron Title: Pool Operator		<b>Inspected by (Signature)</b>  Ashley Basset Title: Environmental Health Specialist I		

**MUSCOGEE COUNTY HEALTH DEPARTMENT  
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<b>Name of Facility</b> LAQUINTA INN & POOL	<b>Address</b> 2919 WARM SPRINGS RD	<b>City</b> COLUMBUS	<b>County</b>
<b>Operator</b> Steve Boviard	<b>Address</b> 909 HIDDEN RIDGE STE 600	<b>City</b> DALLAS	<b>County</b>

Item Number	Notes
5	140 GPM
6	3.0
7	7.4
8	90
9	NA
10	NA
18	Observed 1 small return located at bottom of pool need replacing to prevent physical hazard
19	9AM-10PM
20	Hot water in adjacent rooms.
21	located in lobby and hotel rooms
23	NA 5 ft and less
25	located at front desk
27	ringtone then dial 911
28	NA
31	on-site-31-152420
32	NA-5 ft and less
33	Greg Corkron
36	water fountain