

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

Name of Facility: RESIDENCE LIFE DEPT POOL (CSU)  
 Address: 4225 UNIVERSITY AVE  
 City: COLUMBUS  
 County: \_\_\_\_\_  
 Operator: \_\_\_\_\_  
 Address: 4225 UNIVERSITY AVE  
 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.

	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	✓		
	Cyanuric Acid	10	✓		
<b>PUMPING FILTRATION AND TREATMENT SYSTEM</b>	Clarity	11	✓		
	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 WATER AND FACILITIES</b>	Pool & Decks clean and in good repair	18	✓	
		Night lighting adequate	19	✓	
		Hot & cold water under pressure	20	✓	
		Adequate toilet facilities & showers	21	✓	
<b>SEWAGE DISPOSAL</b>	Sewage disposal method: Public	22	✓		
	<b>SAFETY PRE-CAUTIONS</b>	Life line in place/Separation of wading pool	23	✓	
		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	✓	
		Proper barrier around pool	29	✓	
		Main drains properly covered and maintained	30	✓	
		<b>OPERATOR AND RECORDS</b>	Certified Pool Operator	31	✓
			Lifeguard(s) (if provided) has proper certification	32	✓
Trained operator on duty			33	✓	
Appropriate records on file	34		✓		
Pool test kit(s) available and adequate for all necessary tests	35		✓		
Other	36		✓		
<b>Gauge Readings:</b>		<b>Laboratory Results:</b>			
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: salt		Rate	0.00 ppm		
Name of Stabilizer In Use:		Rate	0.00 ppm		
Name of Filter System In Use:					
Algae Control Measures:					

Remarks  
 pool is 27,990 gallons

Date of Inspection: 09/09/2011  
 Discussed with (Signature): todd myrick  
 Title: manager  
 Inspected by (Signature): Kathy McCarley  
 Title: Environmental Health Technician

✓ SATISFACTO  
 UNSATISFAC

ENFORCEMENT

- ✓ None
- Permit Suspended
- Closed Voluntarily
- Re-inspection needed within days
- Hearing Requested/Recommended

Permit No.

106-P65

Expiration Date

2011 12 31  
 YR MO D.

Purpose

- 1. Routine
- 2. Re-insp
- 3. Request
- 4. Complair
- 5. Other

Length of Inspection: 00:00 Hours

Pool Type:

- ✓ Swimming/Pool
- Spa
- Special Purpose Pool: Activity/Interactive/Type: Pool

Required Turnover Rate: 80.0

Type of Disinfection:

Required Concentration:

5 0  
 Bather Load

Purpose

- 1. None
- 2. Water
- 3. Other

Reason for Sample:

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<b>Operator</b>	<b>Address</b>	<b>City</b>	<b>County</b>
	4225 UNIVERSITY AVE	COLUMBUS	

Item Number	Notes
5	85
6	5.0
7	7.2
8	130