

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

Name of Facility Holiday Inn Express Pool		Address 1336 Bear Ln.	City Columbus	County Muscle Shoals	<input checked="" type="checkbox"/> SATISFACTORY
Certified Pool Operator John Sackie		Address	City	County	
Deficiencies found on the 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.					<input type="checkbox"/> UNSATISFACTORY <i>ok to permit</i>
		X/✓	Notes:		
POOL WATER	1. Water supply approved, adequate	✓			
	2. Depth properly marked	✓			
	3. Overflow facilities adequate	✓			
	4. Constant water level	✓			
	5. Turnover adequate	✓	60 gpm		
	* 6. Disinfectant residual: Concentration	✓	8		
	* 7. pH (7.2-7.8)	✓	7.6		
	8. Total Alkalinity	✓	100		
	9. Calcium Hardness	N/A			
	10. Cyanuric Acid	N/A			
	*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)	1			
SAFETY PRE-CAUTIONS	23. Life line in place/Separation of wading pool	N/A			
	24. Warning/Safety sign posted in clearview of pool area	✓			
	25. First aid kits available & properly equipped	✓	front desk		
	26. Emergency & lifesaving equipment in conspicuous place	✓			
	27. Emergency phone provided and hard wired	✓			
	28. Gas cylinder precautions adequate	N/A			
	29. Proper barrier around pool	✓			
	30. Main drains properly covered and maintained	✓			
OPERATOR AND RECORDS	31. Certified Pool Operator: 1. On-site 2. Contract	1			
	32. Lifeguard(s) (if provided) has proper certification	N/A			
	33. Trained operator on duty	✓			
	34. Appropriate records on file	✓			
	35. Pool test kit(s) available and adequate for all necessary tests	✓			
	36. Other	✓			
Remarks: NO "Quick Facts" Available					
Date of Inspection January 13, 2012		Discussed with (Signature & Title) [Signature] Grinley Golphin		Inspected by (Signature & Title) [Signature] EHS	

ENFORCEMENT

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

Permit No. P 67

Expiration Date 12 | 12 | 31
 YR MO DA

Purpose: 5

1. Routine
 2. Follow-up
 3. Request
 4. Complaint
 5. Other *opening*

Length of Inspection _____ Minutes

Pool Type:

Swimming/Pool
 Spa
 Special Purpose Pool:

Type: **Hotel**

Required Turnover Rate **50** gpm
 Type of Disinfectant **SODIUM BICARB.**
 Required Concentration **1.5-5.0**

5 | 4

Bather Load

Laboratory Sample 1

1. None
 2. Water
 3. Other

Reason for Sample: _____

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

Name of Facility	Address	City	County
HOLIDAY INN EXPRESS POOL	7336 BEAR LN	COLUMBUS	
Operator	Address	City	County
John Sackie	7336 BEAR LN	COLUMBUS	

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
	Type supply: Public		
POOL WATER	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	✓
	Pool & Decks clean and in good repair	18	✓
	Night lighting adequate	19	✓
	Hot & cold water under pressure	20	✓
	Adequate toilet facilities & showers	21	✓
DECK AND POOL AREA WATER AND FACILITIES SEWAGE DISPOSAL	Sewage disposal method: Public	22	✓
	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	✓
	Gas cylinder precautions adequate	28	✓ (see addendum)
	Proper barrier around pool	29	✓
	Main drains properly covered and maintained	30	✓
	Certified Pool Operator	31	✓
SAFETY PRE-CAUTIONS	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	✓
OPERATOR AND RECORDS			

Gauge Readings:

Influent Pressure	<u>0.00</u>	psi
Effluent Pressure	<u>0.00</u>	psi
Flow Rate Main Pool	<u>0.00</u>	gpm
Flow Rate Wading Pool	<u>0.00</u>	gpm

Laboratory Results:

Alkalinity	<u>0.00</u>	ppm
Coliform Count	<u>0.00</u>	
Plate Count	<u>0.00</u>	

Name of Bactericide In Use: sodium bicarb.
 Name of Stabilizer In Use:
 Name of Filter System In Use:
 Algae Control Measures:

Rate 0.00 ppm
 Rate 0.00 ppm

Remarks

Date of Inspection

Discussed with (Signature)

Inspected by (Signature)

01/13/2012

Quincy Golphin
 Title: maintenance

Wanda Boutwell
 Title: Environmental Health Specialist IV

<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY									
ENFORCEMENT									
<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									
Permit No.									
<table border="1"> <tr> <td align="center" colspan="2">2011</td> <td align="center">12</td> <td align="center">31</td> </tr> <tr> <td align="center" colspan="2">YR</td> <td align="center">MO</td> <td align="center">DA</td> </tr> </table>		2011		12	31	YR		MO	DA
2011		12	31						
YR		MO	DA						
Expiration Date									
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YR		MO	DA						
Purpose									
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5									
1. Routine 2. Re-inspection 3. Request 4. Complaint 5. Other <u>opening</u>									
Length of Inspection <u>01:00</u> Hours									
Pool Type:									
<input checked="" type="checkbox"/> Swimming/Pool <input type="checkbox"/> Spa <input type="checkbox"/> Special Purpose Pool: Activity/Interactive/Wading Type: <u>Pool</u>									
Required Turnover Rate: <u>50.00</u> gpm									
Type of Disinfection: _____									
Required Concentration: _____									
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Bather Load									
Purpose									
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1									
1. None 2. Water 3. Other									
Reason for Sample:									

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

Name of Facility	Address	City	County
HOLIDAY INN EXPRESS POOL	7336 BEAR LN	COLUMBUS	
Operator	Address	City	County
John Sackie	7336 BEAR LN	COLUMBUS	

Item Number	Notes
5	60gpm
6	8
7	7.6
8	100
9	n/a
10	n/a
23	n/a
25	front desk
28	n/a
32	n/a
33	Quincy Golphin