

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

Name of Facility: GIRLS, INC. BAKER CENTER POOL  
 Address: 3535 LEVY RD  
 City: COLUMBUS  
 County: \_\_\_\_\_  
 Operator: \_\_\_\_\_  
 Address: PO BOX 4040  
 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</b>	Pool & Decks clean and in good repair	18	✓
		Night lighting adequate	19	✓ (see addendum)
		Hot & cold water under pressure	20	✓
	<b>WATER AND FACILITIES</b>	Adequate toilet facilities & showers	21	✓
<b>SEWAGE DISPOSAL</b>		Sewage disposal method: Public	22	✓
	<b>SAFETY PRECAUTIONS</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	✓	

Gauge Readings:

Influent Pressure: 0.00 psi  
 Effluent Pressure: 0.00 psi  
 Flow Rate Main Pool: 180.00 gpm  
 Flow Rate Wading Pool: 0.00 gpm

Laboratory Results:

Alkalinity: 70.00 ppm  
 Coliform Count: 0.00  
 Plate Count: 0.00

Name of Bactericide In Use: tri chl  
 Name of Stabilizer In Use: tri chl  
 Name of Filter System In Use:  
 Algae Control Measures:

Rate: 0.00 ppm  
 Rate: 0.00 ppm

Remarks

pool looks fine continue to clean relabel pump room instructions for equipment

Date of Inspection: 06/29/2011  
 Discussed with (Signature):  
 Title: life guard ( unable to read )

Inspected by (Signature):  
 Title: Kathy McCarley  
 Title: Environmental Health Technician

**✓ SATISFACTORY**  
**UNSATISFACTORY**

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

**Permit No.**  
 106-P07

**Expiration Date**  
 2010 12 31  
 YR MO DA

**Purpose**  
 1. Routine  
 2. Re-inspection  
 3. Request  
 4. Complaint  
 5. Other  
 1

Length of Inspection: 00:45 Hours

**Pool Type:**  
 ✓ Swimming/Pool  
 Spa  
 Special Purpose Pool:  
 Activity/Interactive/Wading  
 Type: Pool

Required Turnover Rate: 175.00gpm  
 Type of Disinfection:  
 Required Concentration:  
 1 2 3  
 Bather Load

**Purpose**  
 1. None  
 2. Water  
 3. Other  
 1

Reason for Sample:

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<b>Name of Facility</b>	<b>Address</b>	<b>City</b>	<b>County</b>
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<b>Operator</b>	<b>Address</b>	<b>City</b>	<b>County</b>
	PO BOX 4040	COLUMBUS	

Item Number	Notes
5	180
6	7.5
7	7.2
8	70
19	n/a club closes @ 5pm