

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

|                            |                  |             |               |
|----------------------------|------------------|-------------|---------------|
| <b>Name of Facility</b>    | <b>Address</b>   | <b>City</b> | <b>County</b> |
| COUNTRY INN AND SUITES SPA | 1664 ROLLINS WAY | COLUMBUS    |               |
| <b>Operator</b>            | <b>Address</b>   | <b>City</b> | <b>County</b> |
| Eiland Pools               | 1664 ROLLINS WAY | 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            |                  |
|---|---|---|------------------|------------------|
| <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   | X (see addendum) |                  |
|   | Disinfectant residual concentration                       | 6   | X (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) |                  |
| <b>PUMPING AND FILTRATION 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               | ✓                |
|   |   | 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               | ✓                |
|   | Life line in place/Separation of wading pool              | 23  | ✓ (see addendum) |                  |
|   | Warning/Safety sign posted in clearview of pool area      | 24  | X (see addendum) |                  |
|   | <b>SAFETY PRE-CAUTIONS</b>                                | 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  | ✓ (see addendum) |                  |
|   | 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               | ✓ (see addendum) |
| Trained operator on duty  |   | 33  | X (see addendum) |                  |
| Appropriate records on file                                     |   | 34  | ✓                |                  |
| Pool test kit(s) available and adequate for all necessary tests |   | 35  | ✓                |                  |
| Other   |   | 36  | ✓                |                  |

**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:   | <u>trichlor</u> | Rate | <u>0.00</u> | ppm |
| Name of Stabilizer In Use:    |                 | Rate | <u>0.00</u> | ppm |
| Name of Filter System In Use: |                 |      |             |     |
| Algae Control Measures:       |                 |      |             |     |

Remarks

Date of Inspection: 01/18/2012      Discussed with (Signature): Kay Desai      Inspected by (Signature): Wanda Boutwell

**Kay Desai**  
Title: owner

**Wanda Boutwell**  
Title: Environmental Health Specialist IV

**SATISFACTORY**  
 **UNSATISFACTORY**

**ENFORCEMENT**

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

**Permit No.**

106-P70

**Expiration Date**

|      |    |    |
|------|----|----|
| 2013 | 12 | 31 |
| YR   | MO | DA |

**Purpose**

|   |                                  |
|---|----------------------------------|
| 5 | 1. Routine                       |
|   | 2. Re-inspection                 |
|   | 3. Request                       |
|   | 4. Complaint                     |
|   | 5. Other <u>opening for year</u> |

Length of Inspection: 01:00 Hours

**Pool Type:**

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

Required Turnover Rate: 33.00gpm  
Type of Disinfection: \_\_\_\_\_  
Required Concentration: \_\_\_\_\_

|             |  |   |
|-------------|--|---|
|             |  | 8 |
| Bather Load |  |   |

**Purpose**

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

Reason for Sample:

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

|                            |                  |             |               |
|----------------------------|------------------|-------------|---------------|
| <b>Name of Facility</b>    | <b>Address</b>   | <b>City</b> | <b>County</b> |
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| Item Number | Notes   |
|-------------|---|
| 5           | 28gpm Req. T.R. 33 gpm  |
| 6           | 14+ discontinued test -most likely over 20 ppm                |
| 7           | did not test because of other violations                      |
| 8           | did not test because of other violations                      |
| 9           | n/a   |
| 10          | n/a   |
| 23          | n/a   |
| 24          | spa rules sign incorrect-letters only 1" must be 2" lettering |
| 28          | n/a   |
| 32          | n/a   |
| 33          | no trained operator on duty                                   |