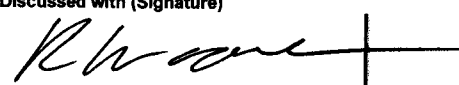



**MUSCOGEE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION
PUBLIC SWIMMING POOL INSPECTION RECORD**

Name of Facility STAYBRIDGE SUITES POOL	Address 1694 WHITTLESEY RD A	City COLUMBUS	County Muscogee	<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY									
Operator Robert Moore	Address 3460 MACON RD	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.				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. <div style="border: 1px solid black; padding: 2px; width: fit-content;">106-P72</div> Expiration Date <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px;">2011</td> <td style="width: 30px;">12</td> <td style="width: 30px;">31</td> </tr> </table> <p align="center">YR MO DA</p> Purpose <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px;">2</td> <td style="width: 100px;"> 1. Routine 2. Re-inspection 3. Request 4. Complaint 5. Other </td> </tr> </table> 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: Pool Required Turnover Rate: <u>58</u> gpm Type of Disinfection: Required Concentration: <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px;">5</td> <td style="width: 30px;">7</td> </tr> </table> <p align="center">Bather Load</p> Purpose <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px;">1</td> <td style="width: 100px;"> 1. None 2. Water 3. Other </td> </tr> </table> Reason for Sample:	2011	12	31	2	1. Routine 2. Re-inspection 3. Request 4. Complaint 5. Other	5	7	1	1. None 2. Water 3. Other
2011	12	31											
2	1. Routine 2. Re-inspection 3. Request 4. Complaint 5. Other												
5	7												
1	1. None 2. Water 3. Other												
POOL WATER	Type supply: Public	Item No.	24-59		Notes								
	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	✓										
DECK AND POOL AREA	Pool & Decks clean and in good repair	18	✓										
	Night lighting adequate	19	✓										
WATER AND FACILITIES	Hot & cold water under pressure	20	✓										
	Adequate toilet facilities & showers	21	✓										
SEWAGE DISPOSAL	Sewage disposal method: Public	22	✓										
SAFETY PRE-CAUTIONS	Life line in place/Separation of wading pool	23	✓										
	Warning/Safety sign posted in clearview of pool area	24	X		(see addendum)								
	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	✓										
OPERATOR AND RECORDS	Certified Pool Operator	31	✓										
	Lifeguard(s) (if provided) has proper certification	32	✓	(see addendum)									
	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:		Laboratory Results:											
Influent Pressure	<u>0</u> psi	Alkalinity	<u>0</u> ppm										
Effluent Pressure	<u>0</u> psi	Coliform Count	<u>0</u>										
Flow Rate Main Pool	<u>0</u> gpm	Plate Count	<u>0</u>										
Flow Rate Wading Pool	<u>0</u> gpm												
Name of Bactericide In Use: <u>trichlor</u>		Rate	<u>0</u> ppm										
Name of Stabilizer In Use:		Rate	<u>0</u> ppm										
Name of Filter System In Use:													
Algae Control Measures:													
Remarks													
Date of Inspection 10/28/2011	Discussed with (Signature)  Robert Moore Title: CPO	Inspected by (Signature)  10/28/11 Wanda Boutwell Title: Environmental Health Specialist IV											

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

Name of Facility STAYBRIDGE SUITES POOL	Address 1694 WHITTLESEY RD A	City COLUMBUS	County Muscogee
Operator Robert Moore	Address 3460 MACON RD	City COLUMBUS	County
Item Number	Notes		
5	100 gpm		
6	4.5		
7	7.3		
8	110		
9	n/a		
10	n/a		
24	Need "No Diving" signs in 4" letters @ each depth marker increment		
28	n/a		
32	n/a		