

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

Name of Facility BEST WESTERN INN POOL	Address 3443 B MACON RD	City COLUMBUS	County Muscogee
Operator Troy Patel	Address 4103 LIBERTY HWY	City ANDERSON	County

SATISFACTORY
 UNSATISFACTORY

ENFORCEMENT

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

Permit No.

106-P79

Expiration Date

2012 12 31
 YR MO DA

Purpose

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

Length of Inspection 0:30 Hours

Pool Type:

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

Required Turnover Rate: 38 gpm

Type of Disinfection:

Required Concentration: 4.0

3 6
 Bather Load

Purpose

1. None
 2. Water
 3. Other

Reason for Sample:

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
POOL WATER	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	✓
PUMPING FILTRATION AND TREATMENT SYSTEM	Clarity	11	✓
	Pump operating properly	12	✓
	Filters functioning properly	13	✓
	Hair & lint strainers functioning properly	14	✓
	Skimmers/Gutters maintained & operating properly	15	✓
DECK AND POOL AREA	Chemical feeders operating properly	16	✓
	Recirculation and filtration equipment readily accessible	17	✓
	Pool & Decks clean and in good repair	18	✓
	Night lighting adequate	19	✓
WATER AND FACILITIES	Hot & cold water under pressure	20	✓ (see addendum)
	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	✓
	First aid kits available & properly equipped	25	✓ (see addendum)
	Emergency & lifesaving equipment in conspicuous place	26	✓
	Emergency phone provided and hard wired	27	✓ (see addendum)
	Gas cylinder precautions adequate	28	✓
	Proper barrier around pool	29	✓ (see addendum)
	Main drains properly covered and maintained	30	✓ (see addendum)
OPERATOR AND RECORDS	Certified Pool Operator	31	✓ (see addendum)
	Lifeguard(s) (if provided) has proper certification	32	✓
	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	✓

Gauge Readings:

Influent Pressure _____ 0 _____ psi
 Effluent Pressure _____ 0 _____ psi
 Flow Rate Main Pool _____ 0 _____ gpm
 Flow Rate Wading Pool _____ 0 _____ gpm

Name of Bactericide in Use: _____ Tri-clor _____
 Name of Stabilizer in Use: _____
 Name of Filter System in Use: _____
 Algae Control Measures: _____

Laboratory Results:

Alkalinity _____ 0 _____ ppm
 Coliform Count _____ 0 _____
 Plate Count _____ 0 _____

Rate _____ 0 _____ ppm
 Rate _____ 0 _____ ppm

Remarks

Date of inspection 09/16/2011	Discussed with (Signature) Troy Patel Title: Owner	Inspected by (Signature) <i>Trina Macon</i> Trina Macon Title: Environmental Health Specialist IV
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**MUSCOGEE COUNTY HEALTH DEPARTMENT
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Name of Facility BEST WESTERN INN POOL	Address 3443 B MACON RD	City COLUMBUS	County Muscogee
Operator Troy Patel	Address 4103 LIBERTY HWY	City ANDERSON	County

Item Number	Notes
5	50 gpm
6	4.0
7	7.4
8	80
20	In Rooms
25	At front desk
27	9-1-1
29	Frence
30	VGB act letter on file
31	Troy Patel
33	Troy Patel