

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

Name of Facility South Col. Girls & Boys.	Address	City Cusseta	County Rd
Certified Pool Operator	Address	City	County

SATISFACTORY

UNSATISFACTORY

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.

		X/✓	Notes:
POOL WATER	1. Water supply approved, adequate	✓	
	2. Depth properly marked	X	Add where needed
	3. Overflow facilities adequate	✓	
	4. Constant water level	✓	
	5. Turnover adequate	✓	
	* 6. Disinfectant residual: Concentration	✓	
	* 7. pH (7.2-7.8)	✓	
	8. Total Alkalinity	✓	
	9. Calcium Hardness	✓	
	10. Cyanuric Acid	✓	
	*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	✓	
DECK AND POOL AREA	17. Recirculation and filtration equipment readily accessible	✓	
	18. Pool & Decks clean, and in good repair	✓	
WATER AND FACILITIES	19. Night lighting adequate	na	no night swimming
	20. Hot & cold water under pressure	na	
SEWAGE DISPOSAL	21. Adequate toilet facilities & showers	deck ✓	
	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	✓	
	24. Warning/Safety sign posted in clearview of pool area	✓	
	25. First aid kits available & properly equipped	✓	
	26. Emergency & lifesaving equipment in conspicuous place	✓	
	27. Emergency phone provided and hard wired	✓	
	28. Gas cylinder precautions adequate	na	
	29. Proper barrier around pool	✓	
	30. Main drains properly covered and maintained	✓	
OPERATOR AND RECORDS	31. Certified Pool Operator: 1. On-site 2. Contract	2	
	32. Lifeguard(s) (if provided) has proper certification	✓	Joe Perrone
	33. Trained operator on duty	✓	
	34. Appropriate records on file	✓	
	35. Pool test kit(s) available and adequate for all necessary tests	✓	
	36. Other	✓	Water Fountain

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

Permit No.

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Expiration Date

08	12	31	
YR	MO	DA	

Purpose:

1	<ul style="list-style-type: none"> 1. Routine 2. Follow-up 3. Request 4. Complaint 5. Other _____
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Length of Inspection **60** Minutes

- Pool Type:**
- Swimming/Pool
 - Spa
 - Special Purpose Pool:

Type: **Club**

Required Turnover Rate **175** gpm

Type of Disinfectant _____

Required Concentration _____

		50	
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Bather Load

Laboratory Sample

1	<ul style="list-style-type: none"> 1. None 2. Water 3. Other
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Reason for Sample:

Remarks: **Pool looks OK, continue to clean as needed. Check flow rate daily. Check chemical level adjust as needed.**

Date of Inspection 7/21/08	Discussed with (Signature & Title) Joe Perrone	Inspected by (Signature & Title) Kathy McCarley E.H.
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