

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

Name of Facility TOWNEPLACE SUITES POOL		Address 4534 ARMOUR RD	City COLUMBUS	County	<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY
Operator Jeff Crumley		Address PO BOX 5566	City DOTHAN	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-P82</div> Expiration Date <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> 2013 12 01 </div> <p align="center">YR MO DA</p> Purpose <ol style="list-style-type: none"> 1. Routine 2. Re-inspection 3. Request 4. Complaint 5. Other <div style="border: 1px solid black; display: inline-block; padding: 2px; margin: 5px;">2</div> Length of Inspection <u>00:45</u> Hours Pool Type: <input checked="" type="checkbox"/> Swimming/Pool <input type="checkbox"/> Spa <input type="checkbox"/> Special Purpose Pool: Activity/Interactive/Wading Type: <u>Pool</u> Required Turnover Rate: <u>57.00</u> gpm Type of Disinfection: <u>Dichlor</u> Required Concentration: <u>3.0</u> <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px; width: fit-content;"> 4 5 </div> <p align="center">Bather Load</p> Purpose <ol style="list-style-type: none"> 1. None 2. Water 3. Other <div style="border: 1px solid black; display: inline-block; padding: 2px; margin: 5px;">1</div> Reason for Sample:
		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	✓	(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	✓	(see addendum)	
WATER AND FACILITIES	Hot & cold water under pressure	20	✓	(see addendum)	
	Adequate toilet facilities & showers	21	✓	(see addendum)	
SEWAGE DISPOSAL	Sewage disposal method: Public	22	✓		
SAFETY PRE-CAUTIONS	Life line in place/Separation of wading pool	23	✓	(see addendum)	
	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	✓	(see addendum)	
	Proper barrier around pool	29	✓		
	Main drains properly covered and maintained	30	✓		
OPERATOR AND RECORDS	Certified Pool Operator	31		(see addendum)	
	Lifeguard(s) (if provided) has proper certification	32	✓	(see addendum)	
	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	✓	(see addendum)	
Gauge Readings:		Laboratory Results:			
Influent Pressure	0.00	psi	Alkalinity	0.00	
Effluent Pressure	0.00	psi	Coliform Count	0.00	
Flow Rate Main Pool	0.00	gpm	Plate Count	0.00	
Flow Rate Wading Pool	0.00	gpm			
Name of Bactericide In Use: <u>Dichlor</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 07/18/2011	Discussed with (Signature) Jeff Crumley Title: Chief Engineer		Inspected by (Signature) Kristi Ludy Title: Environmental Health Specialist III		

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Name of Facility TOWNEPLACE SUITES POOL	Address 4534 ARMOUR RD	City COLUMBUS	County
Operator Jeff Crumley	Address PO BOX 5566	City DOTHAN	County
Item Number	Notes		
5	110 gpm		
6	3.0		
7	7.2		
8	90		
9	NA		
10	NA		
19	Pool Hours 7am-11pm		
20	Located in lobby and adjacent hotel rooms.		
21	Located in lobby and adjacent hotel rooms.		
23	NA - 5 feet and less		
25	Located at front desk.		
27	Automatically dials to 911 service.		
28	NA		
31	Contract - Jeff Crumley		
32	NA - No Lifeguard on duty.		
33	Charles Jackson		
36	water fountain		