

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

Name of Facility: YMCA (Thayer) Pool Address: 1327 1st AVE City: COLUMBUS County: _____
 Operator: _____ Address: 4384 Warm Springs 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.

	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 AND FILTRATION SYSTEM	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	✓	
DECK AND POOL AREA	Pool & Decks clean and in good repair	18	✓	
	Night lighting adequate	19	✓	
	Hot & cold water under pressure	20	✓	
	Adequate toilet facilities & showers	21	✓	
WATER AND FACILITIES	Sewage disposal method: Public	22	✓	
	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	✓	
	SAFETY PRECAUTIONS	Emergency & lifesaving equipment in conspicuous place	26	✓
		Emergency phone provided and hard wired	27	✓
	Gas cylinder precautions adequate	28	✓	
	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	✓
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:
 Influent Pressure: 0.00 psi
 Effluent Pressure: 0.00 psi
 Flow Rate Main Pool: 188.00 gpm
 Flow Rate Wading Pool: 0.00 gpm

Laboratory Results:
 Alkalinity: 0.00 ppm
 Coliform Count: 0.00
 Plate Count: 0.00

Name of Bactericide In Use: _____ lc Rate: 0.00 ppm
 Name of Stabilizer In Use: _____ Rate: 0.00 ppm
 Name of Filter System In Use: _____
 Algae Control Measures: _____

Remarks

Date of Inspection: 11/29/2011 Discussed with (Signature): kim pilcher Title: cpo Inspected by (Signature): Kathy McCarley Title: Environmental Health Technician

✓ SATISFACTO
 UNSATISFAC

ENFORCEMENT

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

Permit No.

106-P84

Expiration Date

2011 12 30
 YR MO D.

Purpose

- 1. Routine
- 2. Re-inspct
- 3. Request
- 4. Complair
- 5. Other

Length of Inspection: 00:45 Hours

Pool Type:

- ✓ Swimming/Pool
- Spa
- Special Purpose Pool: Activity/Interactive/1
- Type: Pool

Required Turnover Rate: 0.00

Type of Disinfection: _____

Required Concentration: _____

1 4 0
 Bather Load

Purpose

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

Reason for Sample:

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

Name of Facility	Address	City	County
YMCA (Thayer) Pool	1327 1st AVE	COLUMBUS	
Operator	Address	City	County
	4384 Warm Springs RD	COLUMBUS	

Item Number	Notes
5	330
6	4.5
7	7.6
8	100