

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

<b>Name of Facility</b> Candlewood Suites Pool		<b>Address</b> 3389 Victory DR	<b>City</b> COLUMBUS	<b>County</b>	<input checked="" type="checkbox"/> <b>SATISFACTORY</b> <input type="checkbox"/> <b>UNSATISFACTORY</b>
<b>Operator</b> Gene Mullis		<b>Address</b> 123 SE Main ST	<b>City</b> VIDALIA	<b>County</b>	
<b>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.</b>					<b>ENFORCEMENT</b> <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  <b>Permit No.</b> <div style="border: 1px solid black; padding: 2px; width: fit-content;">106-P87</div>  <b>Expiration Date</b> <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> <span>2012</span> <span>12</span> <span>31</span> </div> <p align="center">YR MO DA</p> <b>Purpose</b> <div style="border: 1px solid black; padding: 2px; width: fit-content;">1</div> <ol style="list-style-type: none"> <li>1. Routine</li> <li>2. Re-inspection</li> <li>3. Request</li> <li>4. Complaint</li> <li>5. Other</li> </ol> Length of Inspection <u>00:00</u> Hours  <b>Pool Type:</b> <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>0.00</u> gpm Type of Disinfection: _____ Required Concentration: _____  <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px; width: fit-content;"> <span></span> <span></span> <span>2</span> <span>6</span> </div> <p align="center"><b>Bather Load</b></p> <b>Purpose</b> <div style="border: 1px solid black; padding: 2px; width: fit-content;">1</div> <ol style="list-style-type: none"> <li>1. None</li> <li>2. Water</li> <li>3. Other</li> </ol> Reason for Sample: _____
		Item No.	24-59	Notes	
<b>POOL WATER</b>	Type supply: Public				
	Water supply approved, adequate	1	✓		
	Depth properly marked	2	✓		
	Overflow facilities adequate	3	✓		
	Constant water level	4	✓		
	Turnover adequate	5	✓		
	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	✓		
Clarity	11	✓			
<b>PUMPING FILTRATION AND TREATMENT SYSTEM</b>	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	✓		
<b>DECK AND POOL AREA</b>	Recirculation and filtration equipment readily accessible	17	✓		
	Pool & Decks clean and in good repair	18	✓		
<b>WATER AND FACILITIES</b>	Night lighting adequate	19	✓		
	Hot & cold water under pressure	20	✓		
<b>SEWAGE DISPOSAL</b>	Adequate toilet facilities & showers	21	✓		
	Sewage disposal method: Public	22	✓		
<b>SAFETY PRE-CAUTIONS</b>	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	✓		
	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	✓		
<b>OPERATOR AND RECORDS</b>	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	✓		
<b>Gauge Readings:</b>		<b>Laboratory Results:</b>			
Influent Pressure	<u>0.00</u> psi	Alkalinity	<u>0.00</u> ppm		
Effluent Pressure	<u>0.00</u> psi	Coliform Count	<u>0.00</u>		
Flow Rate Main Pool	<u>0.00</u> gpm	Plate Count	<u>0.00</u>		
Flow Rate Wading Pool	<u>0.00</u> gpm				
Name of Bactericide In Use: <u>salt chlorine</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:					
<b>Remarks</b>					
<b>Date of Inspection</b> 08/23/2011	<b>Discussed with (Signature)</b>  Phil Stevens Title: PIC		<b>Inspected by (Signature)</b>  Jason Long Title: Environmental Health Specialist II		

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<b>Name of Facility</b> Candlewood Suites Pool	<b>Address</b> 3389 Victory DR	<b>City</b> COLUMBUS	<b>County</b>
<b>Operator</b> Gene Mullis	<b>Address</b> 123 SE Main ST	<b>City</b> VIDALIA	<b>County</b>
<b>Item Number</b>	<b>Notes</b>		
6	3.0		
7	7.6		
8	80		
9	100		
28	n/a		
32	n/a		

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