

**Georgia Department of Human Resources - Division of Public Health  
TOURISTS ACCOMMODATION INSPECTION RECORD**

|  |                                    |                         |                           |
|--|------------------------------------|-------------------------|---------------------------|
| <b>Name of Accommodation</b><br>COUNTRY INN AND SUITES | <b>Address</b><br>1664 ROLLINS WAY | <b>City</b><br>COLUMBUS | <b>County</b><br>Muscogee |
|--|------------------------------------|-------------------------|---------------------------|

**Deficiencies found during inspection are marked with an (X). A check mark (✓) indicates satisfactory compliance.**

|                                | No. | Item Description   | Eval. Pts.     | X ✓ | Notes          |   |
|--------------------------------|-----|--|----------------|-----|----------------|---|
| <b>Water Supply</b>            | 1.  | Adequate, approved, no cross-connection  | 6              | ✓   |                | <div style="font-size: 48pt; font-weight: bold;">99</div> <p>County Code<br/><b>106</b></p> <p>Permit Number<br/><b>T106-872</b></p> <p># of Units<br/><b>64</b></p> <p>Purpose<br/>1 1. Routine<br/>2. Follow up<br/>3. Request<br/>4. Complaint<br/>9. Other</p> <p>Inspection Time<br/><b>10:30</b></p> <p>Disposition<br/>1<br/>1. Permit Issued<br/>2. Permit Denied<br/>3. Enforcement Action Recommended</p> |
|                                | 2.  | Trailer water tank hose properly used & stored   | 1              | ✓   |                |   |
|                                | 3.  | Cups, glasses & multiuse utensils washed, rinsed & sanitized after each occupancy or single service provided   | 4              | ✓   |                |   |
|                                | 4.  | Drinking founts of approved design   | 1              | ✓   |                |   |
|                                | 5.  | Ice from an approved source stored and handled properly  | 2              | ✓   |                |   |
| <b>Toilet Facilities</b>       | 6.  | Toilet facilities provided   | 5              | ✓   |                |   |
|                                | 7.  | Rooms, fixtures clean & in good repair   | 2              | ✓   |                |   |
|                                | 8.  | Well lighted, ventilated   | 2              | ✓   |                |   |
|                                | 9.  | Hot & cold water under pressure, soap & individual towels, receptacles   | 2              | ✓   |                |   |
|                                | 10. | Central toilet facilities, separate for each sex, provided within 200 feet of each dwelling unit served  | 3              | ✓   |                |   |
| <b>Sewers</b>                  | 11. | Sewers & connections approved  | 2              | ✓   |                |   |
| <b>Sewage Disposal</b>         | 12. | Method Public Sewer  | Public Sewer   |     |                |   |
|                                | 12. | Sewage & other liquid waste disposed of by an approved manner  | 4              | ✓   |                |   |
| <b>Plumbing</b>                | 13. | Plumbing properly installed with no back siphonage, good repair  | 4              | ✓   |                |   |
| <b>Refuse Disposal</b>         | 14. | Containers adequate, approved, properly located  | 4              | ✓   |                |   |
|                                | 15. | Approved collection & disposal   | 4              | ✓   |                |   |
| <b>Insect/Rodent Control</b>   | 16. | Dwelling units effectively screened or other means for excluding vermin  | 2              | ✓   |                |   |
|                                | 17. | Vermin effectively controlled  | 2              | ✓   |                |   |
| <b>Housing</b>                 | 18. | Clean, structurally sound, good repair   | 5              | ✓   |                |   |
|                                | 19. | Well lighted, ventilated   | 1              | ✓   |                |   |
|                                | 20. | Furnishings clean & in good repair   | 4              | ✓   |                |   |
|                                | 21. | Bed clothing clean, linens replaced daily unless written notice is given to occupant   | 4              | ✓   |                |   |
| <b>Heating and Fire Safety</b> | 22. | Type Individual Gas  | Individual Gas |     |                |   |
|                                | 22. | All gas appliances properly vented to...?  | 6              | ✓   |                |   |
|                                | 23. | Natural gas equipment equipped with automatic safety pilot, liquefied petroleum appliances with 100% safety pilot  | 6              | ✓   |                |   |
|                                | 24. | Gas water heaters properly located and vented  | 1              | ✓   |                |   |
|                                | 25. | Smoke detectors & fire extinguishers installed & operational   | 2              | ✓   |                |   |
| <b>Food Service</b>            | 26. | Type Permit  | Permit         |     |                |   |
|                                | 26. | In compliance with applicable rules  | 8              | ✓   |                |   |
| <b>Laundry Rooms</b>           | 27. | Separate, structurally sound, clean, good repair   | 2              | ✓   |                |   |
|                                | 28. | Hot & cold water under pressure, adequate light & ventilation  | 2              | ✓   |                |   |
| <b>Grounds</b>                 | 29. | Well drained, clean, maintained  | 1              | ✓   |                |   |
|                                | 30. | Trailers properly spaced and marked 15 feet between trailers & property lines, 10 feet between trailers and internal driveways, abuts on drives 20 feet or wider | 1              | ✓   |                |   |
|                                | 31. | Grounded & weatherproof electrical outlets at each trailer space; power lines underground or suspended or at least 18 feet above ground                          | 1              | ✓   |                |   |
|                                | 32. | Swimming pool and spa in compliance  | 1              | X   | (see addendum) |   |
| <b>Employee Hygiene</b>        | 33. | Good personal hygiene, no communicable disease   | 4              | ✓   |                |   |
| <b>Permit</b>                  | 34. | Permit displayed, current inspection report posted   | 1              | ✓   |                |   |

Additional comments \_\_\_\_\_ \* Place Appropriate Number in Block

|                                   |   |  |
|-----------------------------------|---|--|
| Date of Inspection<br>11/10/2011  | Discussed with (Signature)<br>Kay Desai | Inspected by (Signature)<br>Wanda Boutwell |
| Next Inspection Due<br>04/30/2012 | Title: owner                            | Title: Environmental Health Specialist IV  |

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|------------------------|------------------------|------------------|----------|----------|
| COUNTRY INN AND SUITES |                        | 1664 ROLLINS WAY | COLUMBUS | Muscogee |
| Number                 | Notes                  |                  |          |          |
| 1:                     | n/a                    |                  |          |          |
| 2:                     | n/a                    |                  |          |          |
| 10:                    | n/a                    |                  |          |          |
| 11:                    | n/a                    |                  |          |          |
| 15:                    | Veolia                 |                  |          |          |
| 17:                    | Knox                   |                  |          |          |
| 22:                    | dryers                 |                  |          |          |
| 30:                    | n/a                    |                  |          |          |
| 31:                    | n/a                    |                  |          |          |
| 32:                    | pool out of compliance |                  |          |          |