

**Georgia Department of Public Health
PUBLIC SWIMMING POOL INSPECTION RECORD**

Name of Facility Columbus State University Spa		Address 4225 University AVE	City COLUMBUS	County
Certified Pool Operator		Address 4225 University AVE	City COLUMBUS	County
Deficiencies found on the inspection are marked with a (X). A check mark (✓) indicates satisfactory compliance, and (N/A) 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.				
POOL WATER	1. Water supply approved, adequate	X/✓	✓	Notes
	2. Depth properly marked		✓	
	3. Overflow facilities adequate		✓	
	4. Constant water level		✓	
	5. Turnover adequate		✓	(see addendum)
	6. Disinfectant residual concentration 7.5		✓	(see addendum)
	7. pH (7.2-7.8)		✓	(see addendum)
	8. Total Alkalinity		✓	(see addendum)
	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		✓	
	17. Recirculation and filtration equipment readily accessible		✓	
DECK AND POOL AREA	18. Pool & Decks clean and in good repair		✓	
	19. Night lighting adequate		✓	
WATER AND FACILITIES	20. Hot & cold water under pressure		✓	
	21. Adequate toilet facilities & showers		✓	
SEWAGE DISPOSAL	22. Sewage disposal method: Public		✓	
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		✓	
	29. Proper barrier around pool		✓	
OPERATOR AND RECORDS	30. Main drains properly covered and maintained		✓	
	31. Certified Pool Operator			
	32. Lifeguard(s) (if provided) has proper certification		✓	
	33. Trained operator on duty		✓	
	34. Appropriate records on file		✓	
	35. Pool test kit(s) available and adequate for all necessary tests		✓	
36. Other		✓		
Remarks				
Date of Inspection 01/19/2012	Discussed with (Signature & Title) cpo		Inspected by (Signature & Title) Environmental Health Technician	

SATISFACTORY

UNSATISFACTORY

ENFORCEMENT

None

Permit Suspended

Closed Voluntarily

Re-inspection needed within days

Hearing Requested/Recommended

Permit No.
SPP-106-000009

Expiration Date

2011	12	31
YY	MM	DD

Purpose:

5

1. Routine
2. Follow-up
3. Request
4. Complaint
5.

Other permit _____

Length of Inspection
732 Minutes

Pool Type:

Swimming/Pool

Spa

Special Purpose

Pool: Activity/Interactive/Wading
Type: Pool

Required Turnover Rate 337.00 hours

Type of Disinfectant _____

Required Concentration 3.0

Bather Load

		3	0
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Laboratory Sample

1

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 Columbus State University Spa	Address 4225 University AVE	City COLUMBUS	County
Operator	Address 4225 University AVE	City COLUMBUS	County

Item Number	Notes
5	577
6	7.5
7	7.6
8	80