

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

Name of Facility: CHILDREN'S FRIEND POOL  
Address: 3643 WEEMS RD  
City: COLUMBUS  
County: \_\_\_\_\_  
Operator: \_\_\_\_\_  
Address: PO BOX 8989  
City: WARNER ROBINS  
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	X (see addendum)	
	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	✓	
	Cyanuric Acid	10	✓	
PUMPING FILTRATION AND TREATMENT SYSTEM	Clarity	11	(see addendum)	
	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)
		Hot & cold water under pressure	20	✓
	WATER AND FACILITIES	Adequate toilet facilities & showers	21	✓
SEWAGE DISPOSAL		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 PRE-CAUTIONS	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: 60.00 gpm  
Flow Rate Wading Pool: 0.00 gpm

Laboratory Results:

Alkalinity: 80.00 ppm  
Coliform Count: 0.00  
Plate Count: 0.00

Name of Bactericide In Use: lq chl  
Name of Stabilizer In Use:  
Name of Filter System In Use:  
Algae Control Measures:

Rate: 0.00 ppm  
Rate: 0.00 ppm

Remarks

✓SATISFACTORY  
UNSATISFACTORY

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

Permit No.  
 106-P03

Expiration Date  
 2011 12 31  
 YR MO DA

Purpose  
 1. Routine  
 2. Re-inspection  
 3. Request  
 4. Complaint  
 5. Other  
 1

Length of Inspection: 00:45 Hours

Pool Type:  
 Swimming/Pool  
 Spa  
 Special Purpose Pool:  
 Activity/Interactive/Wading  
 Type: Pool

Required Turnover Rate: 0.00 gpm  
 Type of Disinfection:  
 Required Concentration:

Bather Load  
 5 3

Purpose  
 1. None  
 2. Water  
 3. Other

Reason for Sample: