

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

Name of Facility: Sleep Inn and Suites Pool
Address: 5100 Armour RD
City: COLUMBUS
County: _____
Operator: _____
Address: 5100 Armour 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	✓		
	Disinfectant residual concentration	6	X (see addendum)		
	pH (7.2-7.8)	7	X (see addendum)		
	Total Alkalinity	8	X (see addendum)		
	Calcium Hardness	9	✓		
	Cyanuric Acid	10	✓		
PUMPING FILTRATION AND TREATMENT 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	✓	
SEWAGE DISPOSAL	Sewage disposal method: Public	22	✓		
	SAFETY PRECAUTIONS	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	✓	
		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: 0.00 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: tri chl Rate: 0.00 ppm
Name of Stabilizer in Use: Rate: 0.00 ppm
Name of Filter System in Use:
Algae Control Measures:

SATISFACTORY
UNSATISFACTORY

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

Permit No.
SPP-106-000005

Expiration Date

2012	12	30
YR	MO	DA

Purpose

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

Length of Inspection: 00:00 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:

		0
Bather Load		

Purpose

	1. None
	2. Water
	3. Other

Reason for Sample:

Remarks: pool is closed for season did not ck chemicals Owner will next season for opening next year

Date of Inspection: 09/26/2011 Discussed with (Signature): david patel Title: manager Inspected by (Signature): Kathy McCarley Title: Environmental Health Technician

