

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

Name of Facility COUNTRY INN AND SUITES POOL	Address 1664 ROLLINS WAY	City COLUMBUS	County
Certified Pool Operator ABC Pools	Address 1664 ROLLINS WAY	City COLUMBUS	County

SATISFACTORY

UNSATISFACTORY

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.

		X/✓	Notes
POOL WATER	1. Water supply approved, adequate	✓	
	2. Depth properly marked	✓	
	3. Overflow facilities adequate	✓	
	4. Constant water level	✓	
	5. Turnover adequate	✓	(see addendum)
	6. Disinfectant residual concentration 3	✓	(see addendum)
	7. pH (7.2-7.8)	✓	(see addendum)
	8. Total Alkalinity	✓	(see addendum)
	9. Calcium Hardness	✓	(see addendum)
	10. Cyanuric Acid	✓	(see addendum)
	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	✓	
SEWAGE DISPOSAL	21. Adequate toilet facilities & showers	✓	
	22. Sewage disposal method: Public	✓	
SAFETY PRE-CAUTIONS	23. Life line in place/Separation of wading pool	✓	(see addendum)
	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	✓	(see addendum)
	29. Proper barrier around pool	✓	
	30. Main drains properly covered and maintained	✓	
OPERATOR AND RECORDS	31. Certified Pool Operator		
	32. Lifeguard(s) (if provided) has proper certification	✓	(see addendum)
	33. Trained operator on duty	✓	(see addendum)
	34. Appropriate records on file	✓	
	35. Pool test kit(s) available and adequate for all necessary tests	✓	
	36. Other	✓	

ENFORCEMENT

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

Permit No.
106-P69

Expiration Date

2012	12	31
YY	MM	DD

Purpose:

5

- Routine
- Follow-up
- Request
- Complaint
-

Other yearly permit _____

Length of Inspection
72 Minutes

Pool Type:
 Swimming/Pool
 Spa
 Special Purpose

Pool: Activity/Interactive/Wading
Type: Pool

Required Turnover Rate 33.00 hours
Type of Disinfectant _____

Required Concentration _____

Bather Load

		3	4
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Laboratory Sample

1

- None
- Water
- Other

Reason for Sample: _____

Remarks

Date of Inspection: 02/07/2012
Discussed with (Signature & Title): manager
Inspected by (Signature & Title): Environmental Health Specialist IV

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

Name of Facility	Address	City	County
COUNTRY INN AND SUITES POOL	1664 ROLLINS WAY	COLUMBUS	
Operator	Address	City	County
ABC Pools	1664 ROLLINS WAY	COLUMBUS	

Item Number	Notes
5	62gpm Flow meter difficult to read-needs location where easily readable
6	3
7	7.4
8	100
9	n/a
10	n/a
23	n/a
28	n/a
32	n/a
33	Cornelius Tignor