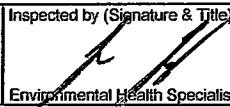


**Georgia Department of Public Health
PUBLIC SWIMMING POOL INSPECTION RECORD**

Name of Facility Candlewood Suites Pool		Address 3389 Victory DR	City COLUMBUS	County	<input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY											
Certified Pool Operator Jean Mullis		Address 123 SE Main ST	City VIDALIA	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.					ENFORCEMENT <input checked="" type="checkbox"/> None <input type="checkbox"/> Permit Suspended <input type="checkbox"/> Closed Voluntarily <input type="checkbox"/> Re-inspection needed within days <input type="checkbox"/> Hearing Requested/Recommended Permit No. <u>106-P87</u> Expiration Date <table border="1" style="display: inline-table; text-align: center;"> <tr><td>2011</td><td>12</td><td>31</td></tr> <tr><td>YY</td><td>MM</td><td>DD</td></tr> </table> Purpose: <table border="1" style="display: inline-table; text-align: center;"> <tr><td>3</td></tr> </table> <ol style="list-style-type: none"> 1. Routine 2. Follow-up 3. Request 4. Complaint 5. Other _____ Length of Inspection <u>732</u> Minutes Pool Type: <input checked="" type="checkbox"/> Swimming/Pool <input type="checkbox"/> Spa <input type="checkbox"/> Special Purpose Pool: Activity/Interactive/Wading Type: Pool Required Turnover Rate <u>0.00</u> hours Type of Disinfectant _____ Required Concentration _____ Bather Load <table border="1" style="display: inline-table; text-align: center;"> <tr><td></td><td></td><td>2</td><td>6</td></tr> </table> Laboratory Sample <input type="checkbox"/> <ol style="list-style-type: none"> 1. None 2. Water 3. Other Reason for Sample: _____	2011	12	31	YY	MM	DD	3			2	6
2011	12	31														
YY	MM	DD														
3																
		2	6													
		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 4.5	✓	(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	✓	(see addendum)													
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	✓	(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	✓														
	34. Appropriate records on file	✓														
	35. Pool test kit(s) available and adequate for all necessary tests	✓														
	36. Other	✓														
Remarks																
Date of Inspection 03/28/2012		Discussed with (Signature & Title) PIC		Inspected by (Signature & Title)  Environmental Health Specialist II												

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

Name of Facility Candlewood Suites Pool	Address 3389 Victory DR	City COLUMBUS	County
Operator Jean Mullis	Address 123 SE Main ST	City VIDALIA	County

Item Number	Notes
5	65
6	4.5
7	7.5
8	115
9	160
10	n/p
19	n/a
28	n/a
32	n/a