

# Public Swimming Pool Inspection Report

Health District: Deike CO

|  |   |   |  |  |   |
|--|---|---|--|--|---|
| Name of facility<br><u>Arcanum Village Wading Pool</u> | Type visit<br><input checked="" type="checkbox"/> Standard<br><input type="checkbox"/> Re-inspection<br><input type="checkbox"/> Complaint<br><input type="checkbox"/> Epi Investigation<br><input type="checkbox"/> Consultation | Type pool<br><input checked="" type="checkbox"/> Pool<br><input type="checkbox"/> SPA<br><input type="checkbox"/> SUP | Setting<br><input checked="" type="checkbox"/> Wading pool<br><input type="checkbox"/> School<br><input type="checkbox"/> Indoor<br><input type="checkbox"/> Apartment/Condo<br><input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Zero Entry<br><input type="checkbox"/> Govt<br><input checked="" type="checkbox"/> Outdoor<br><input type="checkbox"/> Hotel/motel | Special feature (SF)<br><input type="checkbox"/> Kiddie slide<br><input type="checkbox"/> Playground slide<br><input type="checkbox"/> Rec slide<br><input type="checkbox"/> Water slide<br><input type="checkbox"/> Fountain<br><input type="checkbox"/> Other _____ |
| Address<br><u>1 Pool Dr.</u>                           |   |   |  |  |   |
| City<br><u>Arcanum</u>                                 |   |   |  |  |   |

|                                       |                                      |             |                                 |  |
|---------------------------------------|--------------------------------------|-------------|---------------------------------|--|
| Insp date (mm/dd/yy)<br><u>6/3/16</u> | Insp Time                            | Travel Time | ID no.                          | License no.<br><u>2</u>                              |
| Surface area (sf)<br><u>428</u>       | Required turnover rate (min) [ie 30] | <u>120</u>  | Volume (gallons)<br><u>2670</u> | Required flow min: (gpm) [Volume/TRate]<br><u>23</u> |

Check if in violation of the Ohio Administrative Code 3701-31-04 (A-E); NA= Not Applicable

|   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Flow measure reading (gpm) | <input type="checkbox"/> Max allow. filter flow: (gpm) [ filter label ] | <input type="checkbox"/> Max allow. flow: SF pump capacity (gpm) | <input type="checkbox"/> Max allow. flow: Jet pump capacity (gpm) |
|---|---|--|---|

### Critical violations (3701-31-04(B)(1)(a-l))

|   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> (a) Outlet covers installed/secured/ in compliance | <input type="checkbox"/> (d) Circulation/Disinfection system operating properly | <input type="checkbox"/> (g) Water clarity: (can see pool bottom)   | <input type="checkbox"/> (j) Pool treated after RWI          |
| <input type="checkbox"/> (b) SVRS devices functioning                       | <input type="checkbox"/> (e) Automatic chemical controller functioning properly | <input type="checkbox"/> (h) Natural or artificial light sufficient | <input type="checkbox"/> (k) Proper use/storage of chemicals |
| <input type="checkbox"/> (c) Disinfection residual as required              | <input type="checkbox"/> (f) Lifeguards on duty                                 | <input type="checkbox"/> (i) Fecal accident treated properly        | <input type="checkbox"/> (l) No Electrical hazards present   |

### Water Quality 3701-31-04 C, D

|   |  |          |  |             |
|---|--|----------|--|-------------|
| (Circle disinfectant used)<br>Calcium Hypochlorite Sodium Hypochlorite Bromine<br>Di-Chlor Tri-Chlor Salt<br>**Monopersulfate (if present will interfere with DPD test kit results) | <input type="checkbox"/> (D)(6) Total Chlorine- Cl <sub>2</sub> (ppm)          | <u>1</u> | <input type="checkbox"/> (C)(2) pH [ 7.2-7.8 ]                   | <u>7.4</u>  |
|   | <input type="checkbox"/> (D)(6) Free Chlorine-Cl <sub>2</sub> (ppm) [ ≥ 1; 2 ] | <u>1</u> | <input type="checkbox"/> (C)(3) Alkalinity (ppm) [min 60]        | <u>120+</u> |
|   | <input type="checkbox"/> (D)(6) Combined-Cl <sub>2</sub> / (ppm) [ ≤ 1 ]       | <u>0</u> | <input type="checkbox"/> (C)(6) Pool water temp [ ≤ 90°F ]       | <u>78°</u>  |
| Secondary disinfection (circle if used)   | <input type="checkbox"/> (D)(6) Total Bromine-Br <sub>2</sub> (ppm) [ ≥ 2; 4 ] |          | <input type="checkbox"/> (C)(7) Spa water temp [ ≤ 104°F ]       |             |
| UV light (MJoules/cm <sup>2</sup> )   | <input type="checkbox"/> (D)(6) ORP/HRR (millivolts) [ ≥ 650 ]                 |          | <input type="checkbox"/> (C)(8) Spa water replaced every 30 days |             |
| Ozone (ppm)   | <input type="checkbox"/> (D)(5) Cyanuric acid (ppm) ≤ 70                       |          |  |             |
| Ionization: Copper-Silver (ppm)   |  |          |  |             |

### Responsibilities of the Operator 3701-31-04

|   |  |   |
|---|--|---|
| <input type="checkbox"/> (A) License is displayed or on file  | <input type="checkbox"/> (B)(7) No domestic animals unless otherwise permitted                                       | <input type="checkbox"/> (D)(9) Chemicals are manually added while bathers are not present                          |
| <input type="checkbox"/> (A) All construction or alterations of a pool done with approved plans                   | <input type="checkbox"/> (D)(1) No gas chlorine for disinfection   | <input type="checkbox"/> (E)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting |
| <input type="checkbox"/> (B) All facilities are maintained clean, safe and sanitary condition and in good repair  | <input type="checkbox"/> (D)(2) Pool is continuously disinfected by a feeding device connected to circulation system | <input type="checkbox"/> (E)(2) Safety equipment is visible and accessible  |
| <input type="checkbox"/> (B)(2) Authorized representative available within 30 minutes                             | <input type="checkbox"/> (D)(3) Mixing tank for spray ground has disinfection  | <input type="checkbox"/> (E)(3) Appropriate signs are posted  |
| <input type="checkbox"/> (B)(3) Staff are knowledgeable of equipment and pool operation                           | <input type="checkbox"/> (D)(4) Secondary disinfection device is not adversely affecting water quality               | <input type="checkbox"/> (E)(4) Lifeguards are provided and on duty as required                                     |
| <input type="checkbox"/> (B)(4 & 5) Operational records maintained and on file                                    | <input type="checkbox"/> (D)(7) Automatic chemical controller is functioning properly                                |   |
| <input type="checkbox"/> (B)(6) All equipment maintained in clean, safe and sanitary condition and in good repair | <input type="checkbox"/> (D)(8) Test kit is maintained and complete  |   |

THE ITEMS LISTED BELOW ARE IN VIOLATION OF OHIO ADMINISTRATIVE CODE CHAPTER 3701-31 AND MUST BE CORRECTED

Cite the specific rule number, explain where and what violation has occurred, and when the violation must be corrected.

Satisfactory - ok to open

REMARKS  
 See additional remarks on the attached form, HEA 5217  
 Re-inspection required?  Yes  No;  
 Compliance date: \_\_\_\_\_

|  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Sanitarian/other<br><u>[Signature]</u> | Phone<br><u>548-4196</u> | Operator or Representative<br><u>[Signature]</u> | Phone<br><u>621-4835</u> |
|--|--------------------------|--|--------------------------|