Special process Special pr	Public Swimming Pool	Inspect	tion	Report		Hea	lth Distric	"Dari	Ke.	(00	nti	4	
Complete	Name of facility / /			Type visit	Type pool	ool Setting		1 /0/11	,	C 6	Specia	l feature (SF)	
Surface area (cf) Check If in violation of the Obio Administrative Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of the Obio Administrative Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of the Obio Administrative Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of the Obio Administrative Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of the Obio Administrative Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of the Obio Administrative Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of the Obio Administrative Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of the Obio Administrative Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of Code 3701-31-44 (A-B), NA= Not Applicable (Violation of Code 3701-31-44 (A-B), NA= Not Applic	Address 18d Thornas 18d City New Paris			☐ Re-inspection ☐ Complaint ☐ Epi Investigation	☐ SPA	□ School □ Govt □ Indoor ು⊒;Qutdoor □ Apartment/Condo			□ MHP 込⊒:©amp		☐ Playground slide ☐ Rec slide ☐ Water slide ☐ Fountain		
Surface area (cf) Check If in violation of the Obio Administrative Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of the Obio Administrative Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of the Obio Administrative Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of the Obio Administrative Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of the Obio Administrative Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of the Obio Administrative Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of the Obio Administrative Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of the Obio Administrative Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of Code 3701-31-44 (A-B), NA= Not Applicable Gent (Violation of Code 3701-31-44 (A-B), NA= Not Applicable (Violation of Code 3701-31-44 (A-B), NA= Not Applic	Insp date (mm/dd/y/) 8 // 3 // // Insp:Time			Travel Time ID no.						License no.			
Flow investiges About Allow, filter flow; About Allow, filter flow; About Allow, flow About Allo	Surface area (sf) Required turnove			480	Volume (gallons)			000				14	
residing (gipms) 7 3 gapms (Rifertabels) 5 gapms	☐ Check if	in violation of	he Ohio	Administrative Code	3701-31-04	(A-E); I	NA= Not A	pplicable			•		
Git Circulation Orbital Color installed/secured Git Circulation Orbital Chamical Controller Git Circulation Orbital Chamical Controller Git Circulation of Color Git Circulation Git							-						
in compliance Operating property Can see pool bottom) Can see pool bottom Can see pool done with	Critical violations (3701-31-04(B)(1)(a-l)												
functioning properly									(j) Pool treated after RWI				
Water Quality 3791-31-04 C, D							al or artificial light sufficient			(k) Proper use/storage of chemicals			
Colcium Hypochlorite Sodium Hypochlorite Sodium Hypochlorite Solit Childrine Calcium Hypochlorite Solit Childrine Childr	(c) Disinfection residual as required	(f) Lifeguard	ds on dut	s on duty [i] (i) Fecal ac			cident treated properly			[] (I) No Electrical hazards present			
Colcum hypochronize promine promine Colcum hypochronize Col	Water Quality 3701-31-04 C, D								,				
Colcum hypochronize promine promine Colcum hypochronize Col	1'			(6) Total Chlorine- Cl ₂ (p	ppm)	3		☐ (C)(2) pH	(C)(2) pH [7.2-7.8]			7.2	
"Monopersul/late (if present-will interface with DPD test kitresults) Secondary disinfection (sizele if used) Oligio Combineed-Cq. / (ppm) [≤ 1]	Di-Chlor Tri-Chlor Salt		☐ (D)((6) Free Chlorine-Cl ₂ (pp	om) [≥1;2]			(C)(3) Alkalinity (ppm) [min 60]			(00)		
Secondary disinfection (circle irused) (D)(6) Total Bromine-Br, (ppm) [≥ 2-41 (C)(7) Spa water templ [≤ 104*F]			☐ (D)((6) Combined-Cl ₂ / (ppm	n)[<u>≤</u> 1] ·	10		☐ (C)(6) Pool water temp [≤90°F]			222		
Oxone (popm) (D(6) OxPrink (Intimotols) (2 801) (C(4) 34 water replaced early 3 days) (C(4) 34 water replaced early 3 d								(C)(7) Sp.	pa water temp [≤ 104°F]			C) Co)	
(a) (2) Constitutes are maintained dean, safe and sanitary condition and in good repair (b)(4) Automatic chemical controller is functioning repair (b)(4) Automatic chemical controller is functioning repair (b)(4) Automatic chemical controller is properly deplain. (a)(3) All equipment maintained in clean, safe and sanitary condition and in good repair (b)(2) Pool is continuously disinfected by a feeding operation (b)(3) Automatic chemical controller is functioning properly (c)(3) Appropriate signs are posted (c)(4) Automatic chemical controller is functioning properly (c)(6) All equipment maintained in clean, safe and sanitary condition and in good repair (c)(6) Test kit is maintained and complete (c)(6) All equipment maintained in clean, safe and sanitary condition and in good repair (c)(6) Test kit is maintained and complete (c)(6) T	1 - 1						☐ (C)(8) Spa			water replaced every 30 days			
(A) License is displayed or on file	Institute Company Silver (many)		☐ (D)((5) Cyanuric acid (ppm)									
CA) All construction or alterations of a pool done with approved plans D(1) No gas chlorine for disinfection D(1) No gas chloring for dispart of the chloring gas chlori	Responsibilities of the Operator 3701-31-04	:						J				· //4	
approved plans wound or experiencing diarrhea/vomiting (B)(3) Mif facilities are maintained clean, safe and sanitary (D)(2) Pool is continuously disinfected by a feeding device connected to circulation system (E)(2) Safety equipment is visible and accessible condition and in good repair (D)(3) Mixing tank for spray ground has disinfection (E)(3) Appropriate signs are posted (B)(3) Staff are knowledgeable of equipment and pool operation (D)(4) Secondary disinfection device is not adversely affecting water quality (E)(4) Lifeguards are provided and on duty as required (B)(6) All equipment maintained in clean, safe and sanitary condition and in good repair (D)(7) Automatic chemical controller is functioning property (D)(6) Test kit is maintained and complete (D)(6) All equipment maintained in clean, safe and sanitary (D)(6) Test kit is maintained and complete (D)(6) Test kit is mai	(A) License is displayed or on file			1 —									
GB(2) Authorized representative available within 30 minutes GD(3) Mixing tank for spray ground has disinfection GE(3) Appropriate signs are posted GB(3) Staff are knowledgeable of equipment and pool operation GD(4) Secondary disinfection device is not adversely affecting water quality required GD(4) Lifeguards are provided and on duty as required GD(4) Automatic chemical controller is functioning properly GD(4) Automatic chemical controller is functioning properly GD(6) All equipment maintained in clean, safe and sanitary condition and in good repair GD(6) Test kit is maintained and complete GD(6) Test kit is				D)(1) No gas chlorine for disinfection					1 				
(B)(3) Staff are knowledgeable of equipment and pool operation (D)(4) Secondary disinfection device is not adversely affecting water quality required (E)(4) Lifeguards are provided and on duty as affecting water quality required (B)(4 & 5) Operational records maintained and on file (D)(7) Automatic chemical controllier is functioning properly (D)(6) All equipment maintained in clean, safe and sanitary condition and in good repair (D)(8) Test kit is maintained and complete (D)(8) Test kit is main									(E)(2) Safety equipment is visible and accessible				
affecting water quality required (B)(4 & 5) Operational records maintained and on file (D)(7) Automatic chemical controller is functioning properly (B)(6) All equipment maintained in clean, safe and sanitary condition and in good repair (D)(8) Test kit is maintained and complete	(B)(2) Authorized representative available within 30 minutes			(D)(3) Mixing tank for spray ground has disinfection					(E)(3) Appropriate signs are posted				
properly (B)(6) All equipment maintained in clean, safe and sanitary (D)(8) Test kit is maintained and complete condition and in good repair (D)(8) Test kit is maintained and complete (D)(8								1 -					
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. Satisfication of the standard form, HEA 5217 Re-inspection required? \[\text{Ye} \] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ (B)(4 & 5) Operational records maintained and on file			1 — 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
REMARKS See additional remarks on the attached form, HEA 5217 Re-inspection required? Yes \ No; Compliance date:/				(D)(8) Test kit is maintained and complete							· · · · · · · · · · · · · · · · · · ·		
Satisfactory at time of inspection. REMARKS See additional remarks on the attached form, HEA 5217 Re-inspection required? Yes No; Compliance date:	THE ITEMS LISTED	BELOW ARE IN	VIOLAT	ION OF OHIO ADMINIS	STRATIVE COI	DE CHA	APTER 370	01-31 AND MU	ST BE C	ORRECTED			
See additional remarks on the attached form, HEA 5217 Re-inspection required? Yes No; Compliance date:	Cite the specific rule number, explain where ar	nd what violatior	has occ	urred, and when the vio	olation must b	e corre	cted.						
See additional remarks on the attached form, HEA 5217 Re-inspection required? Yes No; Compliance date:	Satisfac	tory	at	time	(1)	1	1951	Dect	01	7.			
See additional remarks on the attached form, HEA 5217 Re-inspection required? Yes No; Compliance date:													
See additional remarks on the attached form, HEA 5217 Re-inspection required? Yes No; Compliance date:													
See additional remarks on the attached form, HEA 5217 Re-inspection required? Yes No; Compliance date:													
See additional remarks on the attached form, HEA 5217 Re-inspection required? Yes No; Compliance date:													
See additional remarks on the attached form, HEA 5217 Re-inspection required? Yes No; Compliance date:				-									
See additional remarks on the attached form, HEA 5217 Re-inspection required? Yes No; Compliance date:	REMARKS	· 1											
	☐ See additional remarks on the attached form, HEA Re-Inspection required? ☐ Yes ☐ No;	5217		<u> </u>								•	
Sahitarian/other 7 1 Phone 27-51/6/2/Operator or Representative Phone	Compliance date:	A p &)Phor	(d) Z	7-17/1/11	Operator or Re	preser	ntative			Phone			