

Public Swimming Pool Inspection Report

Name of facility: **Versailles YMCA Pool**
 Address: **102 1/2 Versailles SE**
 City: **Versailles**
 Health District: **Darke County**

Type visit: Standard
 Re-inspection
 Complaint
 Epi Investigation
 Consultation

Type pool: Pool
 SPA
 STP

Setting: Wading pool Zero Entry Spray ground
 School Govt MHP
 Indoor Outdoor Camp
 Apartment/Condo Hotel/motel
 Other: **YMCA**

Special feature (SF): Kiddie slide
 Playground slide
 Rec slide
 Water slide
 Fountain
 Other

Insp date (mm/dd/yyyy): **8/15/11** Insp Time: _____ Travel Time: _____ ID no.: _____
 Surface area (sf): **2490** Required turnover rate (min) [ie 30]: **480** Volume (gallons): **105,000** License no.: **18**
 Required flow min: (gpm) [Volume/TRate]: **135**

Flow measure reading (gpm) **100** Max allow. filter flow: (gpm) [filter label] _____ Max allow. flow: SF pump capacity (gpm) _____ Max allow. flow: Jet pump capacity (gpm) _____

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

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

(a) Outlet covers installed/secured/ in compliance
 (b) SVRS devices functioning
 (c) Disinfection residuals as required

(d) Circulation/Disinfection system operating properly
 (e) Automatic chemical controller functioning properly
 (f) Lifeguards on duty

(g) Water clarity: (can see pool bottom)
 (h) Natural or artificial light sufficient
 (i) Fecal accident treated properly

(j) Pool treated after RWI
 (k) Proper use/storage of chemicals
 (l) No Electrical hazards present

Water Quality 3701-31-04, D

(Circle disinfectant used) Calcium Hypochlorite Di-Chlor **Monopersulfate (if present will interfere with DPD test kit results)	Sodium Hypochlorite Tri-Chlor Bromine Salt	<input type="checkbox"/> (D)(6) Total Chlorine-Cl ₂ (ppm)	5	<input type="checkbox"/> (C)(2) pH [7.2-7.8]	7.2
Secondary disinfection (Circle if used) UV light (MJoules/cm ²) Ozone (ppm) Ionization: Copper-Silver (ppm)		<input type="checkbox"/> (D)(6) Free Chlorine-Cl ₂ (ppm) [≥ 1; 2]	5	<input type="checkbox"/> (C)(3) Alkalinity (ppm) [min 60]	90
		<input type="checkbox"/> (D)(6) Combined-Cl ₂ / (ppm) [≤ 1]	0	<input type="checkbox"/> (C)(6) Pool water temp [≤ 90°F]	85°F
		<input type="checkbox"/> (D)(6) Total Bromine-Br ₂ (ppm) [≥ 2; 4]		<input type="checkbox"/> (C)(7) Spa water temp [≤ 104°F]	
		<input type="checkbox"/> (D)(6) ORP/HRR (millivolts) [≥ 650]		<input type="checkbox"/> (C)(8) Spa water replaced every 30 days	
		<input type="checkbox"/> (D)(5) Cyanuric acid (ppm) ≤ 70			

Responsibilities of the Operator 3701-31-04

(A) License is displayed or on file

(A) All construction or alterations of a pool done with approved plans

(B) All facilities are maintained clean, safe and sanitary condition and in good repair

(B)(2) Authorized representative available within 30 minutes

(B)(3) Staff are knowledgeable of equipment and pool operation

(B)(4 & 5) Operational records maintained and on file

(B)(6) All equipment maintained in clean, safe and sanitary condition and in good repair

(B)(7) No domestic animals unless otherwise permitted

(D)(1) No gas chlorine for disinfection

(D)(2) Pool is continuously disinfected by a feeding device connected to circulation system

(D)(3) Mixing tank for spray ground has disinfection

(D)(4) Secondary disinfection device is not adversely affecting water quality

(D)(7) Automatic chemical controller is functioning properly

(D)(8) Test kit is maintained and complete

(D)(9) Chemicals are manually added while bathers are not present

(E)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting

(E)(2) Safety equipment is visible and accessible

(E)(3) Appropriate signs are posted

(E)(4) Lifeguards are provided and on duty as required

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.

No violations noted at time of inspection.

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

Sanitarian/other: **Madam Keelew** Phone: **937-548-1194**
 Operator or Representative: **Whitney McKay** Phone: _____

HEA 5221 (Rev 04/11) Authority: Chapter 3749, Ohio Revised Code Ohio Department of Health, Bureau of Environmental Health Distribution: White-Licensee Canary-Licenser