

Public Swimming Pool Inspection Report

Health District: Darke County General

Name of facility <u>Holiday Inn</u>	Type visit <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Epi investigation <input type="checkbox"/> Consultation	Type pool <input checked="" type="checkbox"/> Pool <input type="checkbox"/> SPA <input type="checkbox"/> SUP	Setting <input type="checkbox"/> Wading pool <input type="checkbox"/> Zero Entry <input type="checkbox"/> Spray ground <input type="checkbox"/> School <input type="checkbox"/> Govt <input type="checkbox"/> MHP <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Camp <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Hotel/motel <input checked="" type="checkbox"/> Other <u>Hotel</u>	Special feature (SF) <input type="checkbox"/> Kiddie slide <input type="checkbox"/> Playground slide <input type="checkbox"/> Rec slide <input type="checkbox"/> Water slide <input type="checkbox"/> Fountain <input type="checkbox"/> Other
Address <u>1195 E. RUSS Rd.</u>				
City <u>Greenville</u>				

Insp date (mm/dd/yy) <u>01/19/18</u>	Insp Time <u>9:15am</u>	Travel Time	ID no.	License no. <u>20</u>
Surface area (sf) <u>308</u>	Required turnover rate (min) [ie 30] <u>480</u>	Volume (gallons) <u>8700</u>	Required flow min: (gpm) [Volume/TRate] <u>19</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) <u>clogged</u>	<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) Calcium Hypochlorite <u>Sodium Hypochlorite</u> Bromine Salt Di-Chlor <u>Tri-Chlor</u> **Monopersulfate (if present will interfere with DPD test kit results)	<input type="checkbox"/> (D)(6) Total Chlorine-Cl ₂ (ppm) <u>5</u>	<input type="checkbox"/> (C)(2) pH [7.2-7.8] <u>7.3</u>
	<input type="checkbox"/> (D)(6) Free Chlorine-Cl ₂ (ppm) [≥ 1; 2] <u>5</u>	<input checked="" type="checkbox"/> (C)(3) Alkalinity (ppm) [min 60] <u>50</u>
	<input type="checkbox"/> (D)(6) Combined-Cl ₂ / (ppm) [≤ 1] <u>0</u>	<input type="checkbox"/> (C)(6) Pool water temp [≤ 90°F] <u>83°F</u>
Secondary disinfection (circle if used)	<input type="checkbox"/> (D)(6) Total Bromine-Br ₂ (ppm) [≥ 2; 4]	<input type="checkbox"/> (C)(7) Spa water temp [≤ 104°F]
UV light (MJoules/cm ²)	<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 checked="" 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 checked="" type="checkbox"/> (B)(4 & 5) Operational records maintained and on file	<input type="checkbox"/> (D)(7) Automatic chemical controller is functioning properly	
<input checked="" type="checkbox"/> (B)(6) All equipment maintained in clean, safe and sanitary condition and in good repair	<input checked="" 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.

Repeat (4C3) Alkalinity tested at 50ppm. Discussed alkalinity shall be 60ppm or above. Please raise. Repeat

Repeat (4E2a) The rope is not attached to the ring buoy located on the back wall under the rules sign. Please attach rope.

Repeat (4D8c) R0002 expired on 09/17. Discussed test kit reagents shall be fresh. Please purchase/replace R0002.

REMARKS <input type="checkbox"/> See additional remarks on the attached form, HEA 5217 Re-inspection required? <input type="checkbox"/> Yes <input type="checkbox"/> No; Compliance date: _____	Sanitarian/other <u>Megam Keller</u>	Phone <u>937-548-4196</u>	Operator or Representative <u>[Signature]</u>	Phone
--	---	------------------------------	--	-------

Ohio Department of Health
**Swimming Pool and Spa
Inspection Report
Supplement**

Outdoor Indoor Wading Pool
 Swimming Pool Special Use Pool
 Spa M F Other.

Page 2 of 3

Name of Establishment	Holiday Inn
Address	1195 E. Russ Rd, Greenville, OH 45331

COMMENTS (continued)

√ (4B4) It is around 11am & no pool recordings have been completed for today & pool opened at 9am. No swimmers at time of inspection. Discussed water quality information shall be recorded prior to bathers entering the pool. "Public Pool Water Quality Information Recordings & Frequency" Handout given. Please complete ~~over~~ required record keeping.

(4B4b) No test results/service records for automatic chemical controller. Discussed records shall be maintained & available at inspections. Employee stated he is going to read manual on chemical controller & call company for questions.

√ (4B6h) Flow meter is stuck at bottom. Discussed meters shall be working all hours. Please repair.

(4E2c) Emergency phone not working, it is fuzzy & sounds like it was going to front desk. Discussed emergency phone shall be able to call emergency services. Please repair or use a working telephone within 500 feet of the pool. This phone shall be accessible at all times pool is in use & a sign shall be located in the pool area as to where it is located.

OPERATOR <i>[Signature]</i>	SANITARIAN Megan Kellee	DATE 1-19-18
--------------------------------	----------------------------	-----------------

Ohio Department of Health
Swimming Pool and Spa
Inspection Report
Supplement

Outdoor Indoor Wading Pool
 Swimming Pool Special Use Pool
 Spa M F Other

Page 3 of 3

Name of Establishment	Holiday Inn
Address	1195 E. Russ Rd. Greenville.

COMMENTS (continued)

* The beginning of week on log sheet in pool was 1-16-18 which is a Tuesday & the ending date ~~was 1-16-18~~ should have been the start date of the next week. Please write date above day of week column. It may be easier if your start date was a Sunday to match the first day listed on the sheet.

* The paint was painted the week before Christmas. Employee was unaware of color used. He will call company if come from if manager is not back today. Please provide color to Megan Keller@darkecountyhealth.org or call 937-548-4196 x206.

The color is "blue" & you can see the main drain.

OPERATOR <i>[Signature]</i>	SANITARIAN Megan Keller	DATE 1-19-18
--------------------------------	----------------------------	-----------------