

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 checked="" 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"/> School <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Other	<input type="checkbox"/> Zero Entry <input type="checkbox"/> Govt <input type="checkbox"/> Outdoor <input type="checkbox"/> Camp <input type="checkbox"/> Hotel/motel	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>02/26/18</u>	Insp Time	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>40</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-i)

<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 Di-Chlor **Monopersulfate (if present will interfere with DPD test kit results)	<u>Sodium Hypochlorite</u> Tri-Chlor	Bromine Salt	<input checked="" type="checkbox"/> (D)(6) Total Chlorine- Cl ₂ (ppm) <u>0.5</u>	<input type="checkbox"/> (C)(2) pH [7.2-7.8] <u>7.4</u>
			<input checked="" type="checkbox"/> (D)(6) Free Chlorine-Cl ₂ (ppm) [≥ 1; 2] <u>0.5</u>	<input checked="" type="checkbox"/> (C)(3) Alkalinity (ppm) [min 60] <u>30</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>80°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 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 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.

(4c3) Alkalinity tested at 30ppm. Discussed it shall be 60ppm or higher. Please raise. Repeat!

(4d6) Total Chlorine & Free chlorine tested at .5ppm. Discussed the disinfectant residual shall be a minimum of 1.0 ppm. Recommend temporarily closing the pool until the level is raised.

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:	Sanitation/other <u>Gregory Hrew</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 2

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

COMMENTS (continued)

(408c) R0002 with expiration date of 09/17 is still located in test kit area. Discussed test kit reagents shall be fresh. Please purchase a new R0002 & properly dispose of expired one. REPEAT

(4E2e) Emergency phone is not working located in the pool area. There is a fuzzy dial tone when phone is lifted. Discussed an emergency phone shall be able to call emergency services. Please repair or remove phone in pool area & use a working telephone within 500 feet of the pool. This phone shall be accessible at all times the pool is in use & a sign shall be located in pool area as to where the phone is located. REPEAT.

(4B4b) No test results/service records for automatic chemical controller. Discussed records shall be accessible & maintained. For test. Can log on weekly sheets. REPEAT.

4B4b(ii)

*Paint color is still unknown. Owner provided a receipt & letter from Sherwin-Williams. The documents list brand of paint but no paint name & number. REPEAT. Need info ASAP & will discuss all issues with director.

OPERATOR	SANITARIAN	DATE
Megan Kerrew	143136	02-26-18