

Public Swimming Pool Inspection Report

Health District: Darke Co HD

Name of facility <u>Greenville Ymca Spa</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 type="checkbox"/> Pool <input checked="" 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 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>YMCA</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>301 Wagner Ave</u>				
City <u>Greenville</u>				

Insp date (mm/dd/yy) <u>03/16/18</u>	Insp Time	Travel Time	ID no.	License no. <u>5</u>
Surface area (sf) <u>128</u>	Required turnover rate (min) [ie 30]	<u>30</u>	Volume (gallons) <u>2435</u>	Required flow min: (gpm) [Volume/TRate] <u>81</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>98</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)
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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 Sodium Hypochlorite Bromine Di-Chlor Tri-Chlor Salt **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>20</u>
	<input type="checkbox"/> (D)(6) Combined-Cl ₂ / (ppm) [≤ 1] <u>0</u>	<input type="checkbox"/> (C)(6) Pool water temp [≤ 90°F]
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] <u>102.6°F</u>
UV light (MJoules/cm ²)	<input type="checkbox"/> (D)(6) ORP/HRR (millivolts) [≥ 650]	<input checked="" 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	SPANNED
<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.

** Remember to keep air vent covered going outside to prevent entry of dirt.*

(4C3) Alkalinity tested @ 20ppm. Discussed alkalinity shall be 60ppm or above. Please raise.

(4B4) Last alkalinity reading was over a week ago. Discussed alkalinity shall be tested once a week.

(4B8) No records on weekly log for spa being drained & refilled within the last month. The spa shall be drained to waste at least once a month. PIC stated spa has been drained recently but they are not recording on log. Please record.

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>Megan Kewen</u>	Phone <u>437-548-4196</u>	Operator or Representative <u>[Signature]</u>	Phone <u>[Blank]</u>
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