# Public Swimming Pool Inspection Report

## General Information
- **Name of facility**: Greenville City Pool
- **Address**: City Park
- **City**: Greenville
- **Health District**: Darke County
- **Inspection Date**: 5/14/18
- **Required Turnover Rate (min) [0-30]**: 480
- **Surface Area (sq ft)**: 10250
- **Volume (gallons)**: 352,000
- **License No.**: 6

## Critical Violations
- (a) Outlet covers installed/secured in compliance
- (b) SVRS devices functioning
- (c) Disinfection residual as required
- (d) Circulation/Disinfection system operating properly
- (g) Water clarity: (can see pool bottom)
- (i) Pool treated after RVI
- (h) Natural or artificial light sufficient
- (k) Proper use/storage of chemicals
- (l) No Electrical hazards present

## Water Quality 3701-31-04 C, D
- **Calcium Hypochlorite**: Salt
- **Bromine**: Sodium Hypochlorite
- **Chlorine**: Sodium Hypochlorite
- **Tri-Chlor**: Salt

<table>
<thead>
<tr>
<th>Test</th>
<th>Standard</th>
<th>Required</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Chlorine</td>
<td>ppm</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Free Chlorine Cl₂</td>
<td>ppm</td>
<td>≥ 1.2</td>
<td>1</td>
</tr>
<tr>
<td>Combined Cl₂</td>
<td>ppm</td>
<td>≤ 1</td>
<td>1</td>
</tr>
<tr>
<td>Total Bromine Br₂</td>
<td>ppm</td>
<td>≥ 2.4</td>
<td>1</td>
</tr>
<tr>
<td>ORP</td>
<td>mV</td>
<td>≥ 650</td>
<td>1</td>
</tr>
<tr>
<td>Cyanuric Acid</td>
<td>ppm</td>
<td>≤ 70</td>
<td>1</td>
</tr>
</tbody>
</table>

## Responsibilities of the Operator 3701-31-04
- **(A)** License is displayed or on file
- **(B)** No domestic animals unless otherwise permitted
- **(B1)** No gas chlorine for disinfection
- **(B1)** Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting
- **(B2)** Pool is continuously disinfected by a feeding device connected to circulation system
- **(B3)** Authorized representative available within 30 minutes
- **(B3)** Appropriate signs are posted
- **(B4)** Staff are knowledgeable of equipment and pool operation
- **(B5)** Operational records maintained and on file
- **(B6)** All equipment maintained in clean, safe and sanitary condition and in good repair
- **(D)** Test kit is maintained and complete

## Violations
- **Flow meter reading below minimum - please backwash**

## Notes
- The items listed below are in violation of Ohio Administrative Code Chapter 3701-31 and must be corrected.

## REMARKS
- See additional remarks on the attached form. HEA 5217

## Contact Information
- **Sanitarian/Other**: Splinney
- **Phone**: 548-4196
- **Operator or Representative**: 
- **Phone**: 417-5186

## Distribution
- **White-Licensee**: Canary-Licensor