Public Swimming Pool Inspection Report

Name of Facility: Chillicothe City Warding

Address: Chillicothe City Park

City: Chillicothe

Type visit: Standard

Type pool: Pool

Setting: Wading pool

Special feature (SF): Other

Inspection date (mm/dd/yy): 5/21/18

Inspection Time: Required turnover rate (min) [le 30]

Travel Time: 120

ID no.: 5760

Volume (gallons): 5760

License no.: 7

Flow measure reading (gpm): 45

Max allow. filter flow: (gpm) [filter label]

Max allow. flow: SF pump capacity (gpm)

Max allow. flow: Jet pump capacity (gpm)

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

Water Quality 3701-31-04 C, D

Calcium Hypochlorite

Sodium Hypochlorite

Bromine

Di-Chlor

Trichlor

Monopersulfate

**Monopersulfate (if present will interfere with DPD test kit results)

Secondary disinfection (circle if used)

UV light (Mileus/cm²)

Ozone (ppm)

Ionization: Copper-Silver (ppm)

(D)6 Total Chlorine-CI₂ (ppm)

(D)6 Free Chlorine-CI₂ (ppm) [≥ 1; 2]

(D)3 Combined-Cl₂ / (ppm) [≤ 1]

(C)2 pH [7.2-7.8]

(C)3 Alkalinity (ppm) [min 60]

(C)6 Pool water temp [≤ 90°F]

(C)7 Spa water temp [≤ 104°F]

(C)8 Spa water replaced every 30 days

Responsibilities of the Operator 3701-31-04

(A) License is displayed or on file

(B)7 No domestic animals unless otherwise permitted

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

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

(D)10 No gas chlorine for disinfection

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

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

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

(E)2 Safety equipment is visible and accessible

(B)2 Authorized representative available within 30 minutes

(D)3 Mixing tank for spray ground has disinfection

(E)3 Appropriate signs are posted

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

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

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

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

(D)7 Automatic chemical controller is functioning properly

(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.

- Kit chemicals expired - please order new ones
- Chlorine meter reading below minimum - please backwash

REMARKS

See additional remarks on the attached form, HEA 521

Compliance date:

Sanitation/other: Phone

Operator or Representative: Phone

Canary Licensee