

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"/> 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>03/16/18</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)	<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-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 Sodium Hypochlorite Bromine Salt Di-Chlor Tri-Chlor	<input type="checkbox"/> (D)(6) Total Chlorine-Cl ₂ (ppm)	<input type="checkbox"/> (C)(2) pH [7.2-7.8]
**Monopersulfate (if present will interfere with DPD test kit results)	<input type="checkbox"/> (D)(6) Free Chlorine-Cl ₂ (ppm) [≥ 1; 2]	<input type="checkbox"/> (C)(3) Alkalinity (ppm) [min 60]
Secondary disinfection (circle if used)	<input type="checkbox"/> (D)(6) Combined-Cl ₂ / (ppm) [≤ 1]	<input type="checkbox"/> (C)(6) Pool water temp [≤ 90°F]
UV light (MJoules/cm ²)	<input type="checkbox"/> (D)(6) Total Bromine-Br ₂ (ppm) [≥ 2; 4]	<input type="checkbox"/> (C)(7) Spa water temp [≤ 104°F]
Ozone (ppm)	<input type="checkbox"/> (D)(6) ORP/HRR (millivolts) [≥ 650]	<input type="checkbox"/> (C)(8) Spa water replaced every 30 days
Ionization: Copper-Silver (ppm)	<input type="checkbox"/> (D)(5) Cyanuric acid (ppm) ≤ 70	

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 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.

owner stated pool is closed today for repairs but I discussed I am here to do a follow-up inspection from the letter dated March 8, 2018. owner took me to pool & there was no signage stating the pool is closed & lights were on. Discussed if pool is not working properly & is closed, a sign shall be

posted to notify the public. A sign was hung. owner called in maintenance

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 Kellew</u>	Phone <u>937-548-4196</u>	Operator or Representative <u>Norm Tain</u>	Phone
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Ohio Department of Health
Swimming Pool and Spa
Inspection Report
Supplement

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

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

COMMENTS (continued)

man to discuss issue. Maintenance man stated a pipe started leaking really bad last night in pump room. During re-inspection no water was observed to be leaking.

- Alkalinity & other chemicals were not tested because of pool being down for repairs. Records indicate alkalinity has been 60 or 70 ppm this week. Records also indicate Free & Total chlorine have been 2.0 ppm this week.

(4D8) A pool test kit 4 way was purchased from ACE Hardware. Discussed the licensee shall maintain a test kit in good repair & it shall be capable of measuring parameters consistent with required chemical residuals. A DPD test kit or FAS-DPD test kit shall be used.

(4E2e) phone located in pool area has been removed; however, no signage was available in pool area to indicate where the emergency phone is located. The owner stated it is on →

OPERATOR <u>[Signature]</u>	SANITARIAN <u>Megan Kellew</u>	DATE <u>3-16-18</u>
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COMMENTS (continued)

(4E2e continued) the counter located accross from breakfast area. I received no dial tone from this phone. Discussed again a working telephone or an emergency call box shall be available for emergency use during all parts of the year a public swimming pool is in use. The emergency device shall be at a public swimming pool or within 500 feet of the public swimming pool. The emergency device shall remain continuously connected to a power source, as appropriate, & operational at all times. A sign shall be provided if the emergency device is not visible in the public swimming pool area.

~~The sign~~ stating the location of emergency device. The sign indicating the location of the emergency device shall have on it the name & telephone number of the nearest available police station, fire station, & rescue unit, & any other names & telephone numbers likely to be needed in an emergency event.

(4B4c) No records of controllers being tested & maintenance man on duty unaware of how to test it because he just started / came back temporarily yesterday to help out. He has not worked here for over a yr. & unaware of

OPERATOR	SANITARIAN	DATE	ISSUES
<i>[Signature]</i>	Megann Kellow	3-16-18	

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COMMENTS (continued)

(4B4C) Discussed controllers shall be maintained & ^{cont.} to log monthly test on weekly pool operation & incident report sheets.

- pool paint color information provided. The color used was Aqua Green 300 by Ramuc pool paint products. Discussed this color is on the approved list provided by ODH.

- owner stated Ecolab was out & a new system will be installed. owner called his Ecolab contact & had him talk to me. Ecolab contact stated a new system will be installed & that it will be sent to ODH for approval & that he will show them how to test the controller & how to use the new test kit to maintain their pool properly.

*Recommend keeping pool closed until plumbing system in good repair, chemicals for water quality are in compliance, & emergency device is available and working. This follow-up inspection will be discussed with environmental director. ^{please call when pool is going to re-open}

OPERATOR	SANITARIAN	DATE
<i>[Signature]</i> Norma Taylor	Megan Kellew	3-11-18