Public Swimming Pool Inspection Report

Name of facility: Stillwater Beach Club

Address: 8408 Versailles St.

City: Bradford

Health District: Darke County

Special feature (SF)

Setting

□ Wading pool □ Zero Entry □ Spray ground □ School □ Govt □ Recreational
□ Pools □ SPA □ Hotel/Motel □ Indoor □ Outdoor □ Camp
□ Other □ Other

Inspection date (mm/dd/yy): 5/2/96

Inspection time: 10:00

Travel Time: 203

ID no.: 120

License no.: 13

Surface area (sf): 1523

Required turnover rate (min) [30]: 120

Volume (gallons): 1523

Required flow min. (gpm) / Volume / Rate: 13

Critical violations (3701-31-04[B1]):-

☐ (a) Outlet covers installed/secured/ in compliance

☐ (b) SVRS devices functioning

☐ (c) Disinfection residual as required

☐ (d) Circulation/Disinfection system operating properly

☐ (e) Automatic chemical controller functioning properly

☐ (f) Lifeguards on duty

☐ (g) Water clarity: (can see pool bottom)

☐ (h) Natural or artificial light sufficient

☐ (i) Pool treated after RWI

☐ (j) Proper use/storage of chemicals

☐ (k) No Electrical hazards present

Water Quality 3701-31-04 C, D

(Circle disinfectant used)

Calcium Hypochlorite

Sodium Hypochlorite

Bromine

Di-Chlor

Salt

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

(D) (6) Total Chlorine - Cl₂ (ppm)

(D) (6) Free Chlorine - Cl₂ (ppm) [≥ 2; 2]

(D) (6) Combined - Cl₂ (ppm) [≤ 1]

(D) (6) Total Bromine - Br₂ (ppm) [≥ 2; 4]

(D) (6) ORP / pH (millivolts) [≥ 650]

(D) (6) Cyanuric acid (ppm) [≤ 70]

(D) (2) pH [7.2-7.8]

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

(D) (6) Pool water temp. [≤ 90°F]

(D) (7) Spa water temp. [≤ 104°F]

(D) (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

☐ (C) (9) Chemicals are manually added while bathers are not present

☐ (D) (1) No gas chlorine for disinfection

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

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

☐ (E) (2) Safety equipment is visible and accessible

☐ (D) (3) Mixing tank for spray ground has disinfection

☐ (E) (3) Appropriate signs are posted

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

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

☐ (D) (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.

D 8) Observed most of test kit chemicals are past expiration date.

OIL - to gpm

REMARKS

☐ See additional remarks on the attached form, HEA 5217

Re-inspection required: [ ] Yes [ ] No

Compliance date:

Sanitarian/other:

Phone: 854-4199

Operator/Representative:

Phone: 748-2363

HEA 5221 (Rev 04/11) Authority: Chapter 3749, Ohio Revised Code Ohio Department of Health, Bureau of Environmental Health

Distribution: White-Licensee Canary-Licensee