Public Swimming Pool Inspection Report

Name of facility: Versailles Swimming Pool
Address: 1418 Woodland Dr.
City: Versailles

Type visit: Standard
Type pool: School
Setting: Wading pool
Special feature (SF): Slide

Date: 5/11/91
Time: 5:00 PM
Travel Time: 1/80

Surface area (sf): 5,885
Volume (gallons):
Flow rate (min. flow rate): 1,079

License no.: 10

Check if in violation of the Ohio Administrative Code 3701-31-04 (A-E): NA = Not Applicable

- □ Flow measure reading (gpm) 500
- □ 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-l))

- □ (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 RWH
- □ (j) Proper use/storage of chemicals
- □ (k) No Electrical hazards present

Water Quality 3701-31-04 C, D

- □ (D) Total Chlorine - Cl₂ (ppm), (ppm)
- □ (D) Combined-Cl₂ (ppm), (ppm)
- □ (D) Free Chlorine-Cl₂ (ppm), ≥ 1, 2
- □ (D) Total Bromine-Br₂ (ppm), ≥ 2, 4
- □ (D) ORP/HRR (millivolts), ≥ 650
- □ (D) Cyanuric acid (ppm), ≤ 70
- □ (C) pH [7.2-7.8]
- □ (C) Alkalinity (ppm) [min 60]
- □ (C) Pool water temp (≤ 90°F)
- □ (C) Spa water temp (≤ 104°F)
- □ (C) Spa water replaced every 30 days

Responsibilities of the Operator 3701-31-04

- □ (A) License is displayed or on file
- □ (B) No domestic animals unless otherwise permitted
- □ (C) No gas chlorine for disinfection
- □ (D) Pool is continuously disinfected by a feeding device connected to circulation system
- □ (D) Secondary disinfection device is not adversely affecting water quality
- □ (D) 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.

Satisfactory

REMARKS

□ See additional remarks on the attached form, HEA 5217

Compliance date:

SANITATION OFFICER

HEA 5221 (Rev 04/11) Authority: Chapter 3701, Ohio Revised Code
Ohio Department of Health, Bureau of Environmental Health
Distribution: White Licensee
Canary Licensee