

Public Swimming Pool Inspection Report

Health District: Hamilton City

Name of facility <u>Booker T Washington</u>	Type visit <input 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 type="checkbox"/> Other _____	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>1140 S Front</u>				
City <u>Hamilton</u>				

Insp date (mm/dd/yy) <u>4/11/19</u>	Insp Time <u>2:30</u>	Travel Time <u>15</u>	ID no. <u>39</u>	License no. <u>39</u>
Surface area (sf) <u>1200</u>	Required turnover rate (min) [ie 30] <u>480</u>	Volume (gallons) <u>58500</u>	Required flow min: (gpm) [Volume/TRate]	

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 <u>Sodium Hypochlorite</u> Bromine Di-Chlor Tri-Chlor Salt **Monopersulfate (if present will interfere with DPD test kit results)	<input type="checkbox"/> (D)(6) Total Chlorine- Cl ₂ (ppm) <u>11.4</u>	<input type="checkbox"/> (C)(2) pH [7.2-7.8]
Secondary disinfection (circle if used) UV light (MJoules/cm ²) Ozone (ppm) Ionization: Copper-Silver (ppm)	<input type="checkbox"/> (D)(6) Free Chlorine-Cl ₂ (ppm) [≥ 1; 2] <u>4.4</u>	<input type="checkbox"/> (C)(3) Alkalinity (ppm) [min 60]
	<input type="checkbox"/> (D)(6) Combined-Cl ₂ / (ppm) [≤ 1] <u>0</u>	<input type="checkbox"/> (C)(6) Pool water temp [≤ 90°F]
	<input type="checkbox"/> (D)(6) Total Bromine-Br ₂ (ppm) [≥ 2; 4]	<input type="checkbox"/> (C)(7) Spa water temp [≤ 104°F]
	<input type="checkbox"/> (D)(6) ORP/HRR (millivolts) [≥ 650]	<input type="checkbox"/> (C)(8) Spa water replaced every 30 days
	<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.

OK to use

REMARKS

See additional remarks on the attached form, HEA 5217
Re-inspection required? Yes No
Compliance date: _____

Sanitarian/other <u>[Signature]</u>	Phone <u>785-7090</u>	Operator or Representative <u>[Signature]</u>	Phone <u>(513) 795-2451</u>
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