

Public Swimming Pool Inspection Report

Health District: Hamilton City

| | | | | |
|--|---|---|--|--|
| Name of facility <u>Fittow YMCA</u> | Type visit <input checked="" type="checkbox"/> Standard <input 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"/> School <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Other | Special feature (SF) <input type="checkbox"/> Riddie slide <input checked="" type="checkbox"/> Playground slide <input type="checkbox"/> Rec slide <input type="checkbox"/> Water slide <input type="checkbox"/> Fountain <input type="checkbox"/> Other |
|--|---|---|--|--|

| | | | | |
|--|--|-----------------------------------|--|--------------------------|
| Insp date (mm/dd/yy) <u>7/11/19</u> | Insp Time <u>30</u> | Travel Time <u>10</u> | ID no. | License no. <u>94</u> |
| Surface area (sf) <u>910</u> | Required turnover rate (min) [ie 30] <u>480</u> | Volume (gallons) <u>28,283</u> | Required flow min: (gpm) [Volume/TRate] <u>60</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) <u>120</u> | <input type="checkbox"/> Max allow. filter flow: (gpm) [filter label] <u>140</u> | <input type="checkbox"/> Max allow. flow: SF pump capacity (gpm) | <input type="checkbox"/> Max allow. flow: Jet pump capacity (gpm) |
|---|---|--|---|

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> Di-Chlor Tri-Chlor **Monopersulfate (if present will interfere with DPD test kit results) | <input type="checkbox"/> (D)(6) Total Chlorine- Cl ₂ (ppm) <u>2.2</u> | <input type="checkbox"/> (C)(2) pH [7.2-7.8] <u>7.4</u> |
| | <input type="checkbox"/> (D)(6) Free Chlorine-Cl ₂ (ppm) [≥ 1; 2] <u>2.0</u> | <input checked="" type="checkbox"/> (C)(3) Alkalinity (ppm) [min 60] <u>40</u> |
| | <input type="checkbox"/> (D)(6) Combined-Cl ₂ / (ppm) [≤ 1] <u>.2</u> | <input type="checkbox"/> (C)(6) Pool water temp [≤ 90°F] <u>88</u> |
| Secondary disinfection (circle if used) | <input type="checkbox"/> (D)(6) Total Bromine-Br ₂ (ppm) [≥ 2; 4] | <input type="checkbox"/> (C)(7) Spa water temp [≤ 104°F] |
| UV light (MJoules/cm ²) | <input type="checkbox"/> (D)(6) ORP/HRR (millivolts) [≥ 650] <u>775</u> | <input type="checkbox"/> (C)(8) Spa water replaced every 30 days |
| Ozone (ppm) | <input type="checkbox"/> (D)(5) Cyanuric acid (ppm) ≤ 70 | |
| Ionization: Copper-Silver (ppm) | | |

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.

Raise alkalinity to 60 ppm per 3701.31-04 (C) (3)

| | | | | |
|---|--|--------------------------|--|------------------------------|
| REMARKS <input type="checkbox"/> See additional remarks on the attached form, HEA 5217 Re-inspection required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No; Compliance date: | Sanitation/other <u>Keith Browner</u> | Phone <u>785-7090</u> | Operator or Representative <u>[Signature]</u> | Phone <u>913-739-1826</u> |
|---|--|--------------------------|--|------------------------------|