

SWIMMING POOL OFFICIAL INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH

247 North Villa Avenue, Willows, CA 95988
Phone: (530) 934-6102 • Fax: (530) 934-6103

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Name of Facility/DBA: BAYMONT INN & SUITES		Inspection Date: 3/9/17	
Address: 199 N. HUMBOLDT AVE, WILLOWS		Reinspection Date (on or after): ** POOL IS CLOSED <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: ROGER KUMAR	Phone Number:	Inspection Time: 1:00 PM	Permit Expiration Date:
Pool Type: <input checked="" type="checkbox"/> Swimming Pool <input type="checkbox"/> Spa Pool <input type="checkbox"/> Wading Pool <input type="checkbox"/> Interactive Water Feature <input type="checkbox"/> Other	Service: <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Construction/Pre-Opening <input type="checkbox"/> Other		
pH: 7.9	Free Chlorine: 1.7 PPM	Combined Chlorine: NOT TESTED	Cyanuric Acid: NOT TESTED
	Flow Rate: 55 GPM	Temperature: N/A	Other: -

Applicable Laws & Regulations: California Health & Safety Code § 116025 et. seq.; California Code of Regulations Title 24, Chapter 31 & Title 22, Chapter 20

Pool Construction 1. <input checked="" type="checkbox"/> Pool Shell 2. <input type="checkbox"/> Bottom & Sides 3. <input type="checkbox"/> Decks & Coping 4. <input type="checkbox"/> Diving Boards 5. <input type="checkbox"/> Depth Markers 6. <input type="checkbox"/> Ladders/Steps/Railings 7. <input type="checkbox"/> Underwater Lighting & Electrical	Water Quality 16. <input checked="" type="checkbox"/> pH 17. <input type="checkbox"/> Chlorine/Bromine 18. <input type="checkbox"/> Cyanuric Acid 19. <input type="checkbox"/> Debris in Pool 20. <input type="checkbox"/> Water Clarity 21. <input type="checkbox"/> Temperature 22. <input type="checkbox"/> Flow Rate/Turnover	General Facilities 31. <input type="checkbox"/> Exterior Lighting 32. <input type="checkbox"/> Indoor Ventilation 33. <input type="checkbox"/> Restrooms & Toilets 34. <input type="checkbox"/> Handwash Sinks 35. <input type="checkbox"/> Dressing Rooms 36. <input type="checkbox"/> Showers 37. <input type="checkbox"/> Drinking Fountains
Recirculation Equipment 8. <input type="checkbox"/> Filters 9. <input type="checkbox"/> Pumps 10. <input type="checkbox"/> Flowmeter 11. <input type="checkbox"/> Pressure/Vacuum Gauges 12. <input checked="" type="checkbox"/> Skimmers & Gutters 13. <input checked="" type="checkbox"/> Pipes & Fittings 14. <input type="checkbox"/> Chemical Feeders 15. <input type="checkbox"/> Water Supply/Backflow Prevention	Safety Equipment 23. <input checked="" type="checkbox"/> Gates/Enclosure 24. <input type="checkbox"/> Drain Covers 25. <input type="checkbox"/> Anti-Entrapment Shutoff 26. <input checked="" type="checkbox"/> Rescue Pole 27. <input type="checkbox"/> Life Ring 28. <input type="checkbox"/> Safety Signs 29. <input type="checkbox"/> First Aid Kit 30. <input type="checkbox"/> Chlorine Gas Safety	Miscellaneous 38. <input type="checkbox"/> Chemical Test Kits 39. <input checked="" type="checkbox"/> Chemical Testing Frequency 40. <input checked="" type="checkbox"/> Record Keeping 41. <input type="checkbox"/> Lifeguards 42. <input type="checkbox"/> Communicable Disease Control 43. <input type="checkbox"/> Site Supervision & Control 44. <input type="checkbox"/> General Sanitation 45. <input type="checkbox"/> Other:

Comments:

**** POOL IS CLOSED ON THE ABOVE DATE & TIME FOR THE FOLLOWING CRITICAL VIOLATION(S):**

(23) GATED ENTRY TO THE POOL SHALL BE SELF CLOSING & SELF LATCHING. DOOR/GATE INTO POOL AREA IS BROKEN/MISSING.

OTHER VIOLATIONS

(1) REPAIR THE POOL SHELL (RE-PLASTER) AS IT HAS STARTED CRACKING & CHIPPING.

(12) PROVIDE WEIRS IN EACH OF THE POOLS SKIMMERS. BOTH WERE MISSING. REPEAT VIOLATION!

(13) REPAIR THE LEAK AT THE PIPES ABOVE THE POOL FILTER. REPEAT VIOLATION!

(26) PROVIDE A RESCUE POLE WITH A CROOK AT THE POOLSIDE. RESCUE POLE WAS MISSING.

(16) MAINTAIN POOL PH BETWEEN 7.2-7.8. POOL MEASURED 7.9

(31) DAILY POOL RECORDS MUST BE MAINTAINED. RECORD ALL MAINTENANCE & CHEMICAL RECORDS. LOGS WERE MISSING FEBRUARY.

Received By: *[Signature]* REHS: *[Signature]*