

# SWIMMING POOL OFFICIAL INSPECTION REPORT

## GLENN COUNTY ENVIRONMENTAL HEALTH

247 North Villa Avenue, Willows, CA 95988  
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Page 1 of 1

Name of Facility/DBA: <u>Orland Fitness</u>		Inspection Date: <u>9/21/16</u>	
Address: <u>217 E. Walker St, Orland, CA 95963</u>		Reinspection Date (on or after): <u>By Appointment</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Salem Chiropractic Clinic</u>	Phone Number: <u>855-9050</u>	Inspection Time: <u>2:30pm</u>	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: <u>7.6</u>	Free Chlorine: <u>0.6 ppm</u>	Combined Chlorine: <u>0.1 ppm</u>	Cyanuric Acid: <u>71 ppm</u>
Flow Rate: <u>60 gpm</u>	Temperature: <u>-</u>	Other: <u>-</u>	
Applicable Laws & Regulations: California Health & Safety Code § 116025 et. seq.; California Code of Regulations Title 24, Chapter 31 & Title 22, Chapter 20			

<b>Pool Construction</b> 1. <input type="checkbox"/> Pool Shell 2. <input checked="" 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	<b>Water Quality</b> 16. <input type="checkbox"/> pH 17. <input checked="" 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	<b>General Facilities</b> 31. <input type="checkbox"/> Exterior Lighting 32. <input type="checkbox"/> Indoor Ventilation 33. <input type="checkbox"/> Restrooms & Toilets 34. <input checked="" type="checkbox"/> Handwash Sinks 35. <input type="checkbox"/> Dressing Rooms 36. <input type="checkbox"/> Showers 37. <input type="checkbox"/> Drinking Fountains
<b>Recirculation Equipment</b> 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	<b>Safety Equipment</b> 23. <input type="checkbox"/> Gates/Enclosure 24. <input type="checkbox"/> Drain Covers 25. <input type="checkbox"/> Anti-Entrapment Shutoff 26. <input 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	<b>Miscellaneous</b> 38. <input type="checkbox"/> Chemical Test Kits 39. <input checked="" type="checkbox"/> Chemical Testing Frequency 40. <input 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! Do not reopen without approval from department.

\* Critical Violation (Closure Violation - correct to reopen)

17) Provide between 2-10 ppm of free available chlorine. Free chlorine measured 0.6 ppm.

Other Violations

2) Repair chipped plaster at steps.

12) Replace missing weir at west skimmer

3A) Repair leak at return line pipe.

3B) Provide directional flow arrows on filtration system pipes.

34) Repair broken cold handle at men's room handwash sink.

9) Test chlorine & pH daily. Operator missed tests on 9/20 & 9/21 per test log.

Received By: <u>[Signature]</u>	REHS: <u>John H. Wells</u>
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