

SWIMMING POOL OFFICIAL INSPECTION REPORT
GLENN COUNTY ENVIRONMENTAL HEALTH

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

Name of Facility/DBA: <u>Baymont Inn Pool</u>				Inspection Date: <u>6/23/15</u>	
Address: <u>199 N. Humboldt Ave, Willows, CA 95988</u>				Reinspection Date (on or after): <u>5/24/15 after 11:00 am</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Kumar Hotels Inc.</u>		Phone Number: <u>934-9700</u>		Inspection Time: <u>10:45 am</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>7.2</u>	Free Chlorine: <u>1.5 ppm</u>	Combined Chlorine: <u>0.9 ppm</u>	Cyanuric Acid: <u>13 ppm</u>	Flow Rate: <u>55 gpm</u>	Temperature: <u>Tot. Alk = 78</u> <u>Calc Hard = 234</u>
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 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 Recirculation Equipment 8. <input checked="" type="checkbox"/> Filters 9. <input type="checkbox"/> Pumps 10. <input type="checkbox"/> Flowmeter 11. <input type="checkbox"/> Pressure/Vacuum Gauges 12. <input type="checkbox"/> Skimmers & Gutters 13. <input type="checkbox"/> Pipes & Fittings 14. <input checked="" type="checkbox"/> Chemical Feeders 15. <input type="checkbox"/> Water Supply/Backflow Prevention	Water Quality 16. <input type="checkbox"/> pH 17. <input checked="" type="checkbox"/> Chlorine 18. <input type="checkbox"/> Cyanuric Acid 19. <input type="checkbox"/> Other Chemicals 20. <input type="checkbox"/> Water Clarity 21. <input type="checkbox"/> Temperature 22. <input type="checkbox"/> Flow Rate/Turnover Safety Equipment 23. <input checked="" 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	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 Miscellaneous 38. <input checked="" type="checkbox"/> Chemical Test Kits 39. <input 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 checked="" type="checkbox"/> Other: <u>close spa</u>
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Comments:

* Critical Violations (Correct within 24 hours to avoid closure)

17) Maintain free chlorine between 2-10 ppm. Measured 1-5 ppm of free chlorine.

13) Maintain doors to outside closed. Both doors were open upon arrival (immediately corrected).

Other Violations

8) Repair leak at inlet pipe to filter.

17) Eliminate ~~that~~ Reduce combined chlorine to 0.4 ppm or less.

45) Fully drain spa or put up barrier to clearly indicate spa is closed.

14) Provide an autochlorinator for pool (compliance date 90 days)

38) Provide DPD test kit. Operator uses an OTO kit

Received By: <u>x Ruby Sigala</u>	REHS: <u>John H. Wells</u>
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