

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>Holiday Inn Express Pool</u>		Inspection Date: <u>6/8/16</u>	
Address: <u>249 N. Humboldt Ave, Willows</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>KUMAR HOTELS INC</u>	Phone Number:	Inspection Time: <u>3:00</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>7.0</u>	Free Chlorine: <u>N3.5 PPM</u>	Combined Chlorine: <u>NOT TESTED</u>	Cyanuric Acid: <u>N20 PPM</u>
Flow Rate: <u>NO FLOW METER</u>	Temperature: <u>NOT TESTED</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

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	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 checked="" 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 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	Miscellaneous 38. <input type="checkbox"/> Chemical Test Kits 39. <input 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 checked="" type="checkbox"/> Other:

Comments: VIOLATIONS:

(10) INSTALL A ACCURATE FLOW METER ON THE POOL CIRCULATION EQUIPMENT. THERE WAS NO OBSERVED FLOW METER.

(12) REPAIR DETACHED WEIR ON THE SHALLOW SIDE SKIMMER.

(13) INDICATE THE DIRECTION OF FLOW, USING ARROWS, ON THE POOL CIRCULATION EQUIPMENT.

(16) MAINTAIN A POOL pH RANGE BETWEEN 7.2-7.8 AT ALL TIMES POOL IS OPEN. POOL WATER MEASURED 7.0 WHICH IS SLIGHTLY CORROSIVE AND WILL SAT AWAY AT THE PLASTER.

(40) RECORD AND TEST CYANURIC ACID (STABILIZER) ON A ONCE PER MONTH BASIS (MAY WAS MISSING)

(45) NEW POOL FILTERS MUST BE PLAN CHECKED AND APPROVED BY G.C.E.H BEFORE INSTALLATION. PLAN CHECK WITH OUR DEPARTMENT.

Received By: [Signature] REHS: ANDREW [Signature]