

**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>Orland Muni Pool</u>		Inspection Date: <u>7/5/17</u>	
Address: <u>815 Fourth St, Orland, CA 95963</u>		Reinspection Date (on or after): <u>Next Inspection</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>City of Orland</u>	Phone Number: <u>855-1631</u>	Inspection Time: <u>3:20pm</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 checked="" type="checkbox"/> Construction/Pre-Opening <input type="checkbox"/> Other		
pH: <u>7.1</u>	Free Chlorine: <u>2.9 ppm</u>	Combined Chlorine: <u>0.1 ppm</u>	Cyanuric Acid: <u>&lt;10 ppm</u>
Flow Rate: <u>970 gpm</u>	Temperature: <u>-</u>	Other: <u>Total Alk - 43 ppm</u> <u>CA Hard - 305 ppm</u>	
<small>Applicable Laws &amp; Regulations: California Health &amp; Safety Code § 116025 et. seq.; California Code of Regulations Title 24, Chapter 31 &amp; Title 22, Chapter 20</small>			

<b>Pool Construction</b> 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	<b>Water Quality</b> 16. <input 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	<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 type="checkbox"/> Skimmers & Gutters 13. <input 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 checked="" 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 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:

Correct the following:

28) Provide all required safety signs:

a) Provide Diarrhea warning sign

b) Provide artificial respiration sign & remove CPR sign.

3A) Provide warm water of 100°F to restroom handwash sink. one men's room and both women's room sinks lack warm water.

Recommendation: adjust total alkalinity to 80-120 ppm.

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