

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: <u>Orland Fitness</u>		Inspection Date: <u>7/6/17</u>	
Address: <u>217 E. Walker St, Orland, CA 95963</u>		Reinspection Date (on or after): <u>Next Inspection</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Salem Chiropractic Clinic</u>	Phone Number: <u>865-9050</u>	Inspection Time: <u>3:45pm</u>	Permit Expiration Date: <u>-</u>
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>7.4</u>	Free Chlorine: <u>3-8ppm</u>	Combined Chlorine: <u>0 ppm</u>	Cyanuric Acid: <u>31 ppm</u>
Flow Rate: <u>55 gpm</u>	Temperature: <u>-</u>	Other: <u>Total Alk - 92 ppm CA Hard - 368 ppm</u>	
Applicable Laws & Regulations: <u>California Health & Safety Code § 116025 et. seq., California Code of Regulations Title 24, Chapter 31 & Title 22, Chapter 20</u>			

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

2) Repair the chipped plaster at the steps.

28) Provide directional arrows on filtration pipework showing direction of flow.

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