

# 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>BAYMONT INN &amp; SUITES</u>		Inspection Date: <u>8/22/18</u>	
Address: <u>199 N HUMBOLDT AVE, WILLOWS, CA 95988</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>ROGER KUMAR</u>		Phone Number:	Inspection Time: <u>4:00</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>~4.3 PPM</u>	Combined Chlorine: <u>NOT TESTED</u>	Cyanuric Acid: <u>INDOOR POOL</u>
Flow Rate: <u>UNABLE TO TEST</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 checked="" 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 checked="" 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 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Site Supervision & Control 44. <input type="checkbox"/> General Sanitation 45. <input type="checkbox"/> Other:

Comments: VIOLATIONS:

② RE-PLASTER OR PAINT THE SHELL OF THE POOL. (REQUIRES PLAN CHECK). ~OBSERVED PLASTER COMING UP ON BOTTOM OF POOL IN PLACES

③ REPAIR MISSING/LOOSE GROUT INBETWEEN TILE & COPING ALONG DEEP END OF THE POOL.

⑦ REPAIR PUMP WIRING IMMEDIATELY. ~WIRING HAS COME OUT OF THE HARNESS NEAR MOTOR.

⑩ REPAIR/REPLACE THE FLOW METER, IT DOESN'T APPEAR TO BE WORKING.

⑳ ATTACH LIFE RING TO THE ROPE.

㉘ PROVIDE A SIGN POOLSIDE THE CLEARLY INDICATES POOL HOURS & A DIARRHEA SIGN THAT STATES EXACTLY "THAT PERSONS WITH DIARRHEA AND PERSONS WHO HAVE

Received By: <u>X Mari Camp</u>	REHS: <u>Andrew Terry</u>
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**FOOD FACILITY INSPECTION REPORT**  
**Continuation Sheet**  
**GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**  
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Name of Facility/ DBA: <u>BAYMOUNT INN &amp; SUITES</u>	Inspection Date: <u>8/22/18</u>
Address: <u>PAGE 2</u>	
Owner/Permitee: <u>PAGE 2</u>	
Applicable Law <i>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code</i>	

Comments: VIOLATIONS (CONT.)

(28) HAD DIARRHEA WITHIN THE PRIOR 14 DAYS SHALL NOT ENTER THE WATER."

(43) REMOVE ALL OLD/UN-USED OR BROKEN EQUIPMENT FROM THE POOL EQUIPMENT ROOM.

Received By: <u>X Man Camero</u>	REHS: <u>ANDREW REYD</u>
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