

SWIMMING POOL OFFICIAL INSPECTION REPORT
GLENN COUNTY ENVIRONMENTAL HEALTH

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

Name of Facility/DBA: <u>Willows Century Pool</u>		Inspection Date: <u>8/4/14</u>	
Address: <u>551 WASHINGTON ST., Willows, CA 95988</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Willows Century Pool, Inc</u>	Phone Number: <u>867-6482</u>	Inspection Time: <u>9:00</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>7.6</u>	Free Chlorine: <u>~2.0 PPM</u>	Combined Chlorine: <u>-</u>	Cyanuric Acid: <u>~60 PPM</u>
		Flow Rate: <u>UNABLE TO TEST</u>	Temperature: <u>-</u>
Other: <u>-</u>			
<i>Applicable Laws & Regulations: California Health & Safety Code § 116025 et. seq.; California Code of Regulations Title 24, Chapter 31 & Title 22, Chapter 20</i>			

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 type="checkbox"/> pH 17. <input 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	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 checked="" type="checkbox"/> Pressure/Vacuum Gages 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 type="checkbox"/> Safety Signs 29. <input checked="" 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:

- NO CRITICAL VIOLATIONS

CORRECT THE FOLLOWING:

(10) PROVIDE A WORKING FLOW METER ON THE CIRCULATION EQ.

(11) PROVIDE A PRESSURE GAUGE ON THE PUMP THAT LACKS ONE.

(29) KEEP A FIRST AID KIT FOR USE, ONSITE, AT ALL TIMES.

Received By: X [Signature] REHS: ANDREW A. PETERSON