Georgia Department of Public Health
PUBLIC SWIMMING POOL INSPECTION RECORD

Name of Facility: Columbus State University Spa (Therapy)
Address: 4225 University Ave | City: Columbus | County: Muscogee
Certified Pool Operator: Koby Garick exp. Feb. 2018

☒ SATISFACTORY
☐ UNSATISFACTORY

Deficiencies found on the inspection are marked with a (X). A check mark (√) indicates satisfactory compliance, and (N/A) means non-applicable. *Indicates a substantial health hazard. Other items may be considered substantial health hazards depending on severity. The pool must be closed until substantial health hazards are corrected. One or more substantial health hazards violated, two or more other items violated or repeated violations will result in an unsatisfactory rating. An unsatisfactory rating may result in enforcement action.

		X/√	Notes:
POOL WATER	1. Water supply approved, adequate	√	
	2. Depth properly marked	√	
	3. Overflow facilities adequate	√	
	4. Constant water level	√	
	5. Turnover adequate	√	392 gpm
	* 6. Disinfectant residual: Concentration 6	√	
10, 121 gals	* 7. pH (7.2-7.8) 7.3	√	7.2 - 7.8
	8. Total Alkalinity 110	√	60 - 180
	9. Calcium Hardness 210	√	150 - 1000 200-400 Ideal
	10. Cyanuric Acid	N/A	
	*11. Clarity	√	
PUMPING FILTRATION AND TREATMENT SYSTEM	*12. Pump operating properly	√	
	*13. Filters functioning properly	√	
	14. Hair & lint strainers functioning properly	√	
	*15. Skimmers/Gutters maintained & operating properly	√	
	*16. Chemical feeders operating properly	√	
	17. Recirculation and filtration equipment readily accessible	√	
DECK AND POOL AREA	18. Pool & Decks clean, and in good repair	√	
	19. Night lighting adequate	√	Indoor
WATER AND FACILITIES	20. Hot & cold water under pressure	√	
	21. Adequate toilet facilities & showers	√	
SEWAGE DISPOSAL	22. Sewage disposal method: 1. Public, 2. Septic Tank, 3. Positive outlet, (approved and functioning properly)	1	
SAFETY PRE-CAUTIONS	23. Life line in place/Separation of wading pool	N/A	
	24. Warning/Safety sign posted in clear view of pool area	√	
	25. First aid kits available & properly equipped	√	
	26. Emergency & lifesaving equipment in conspicuous place	√	
	27. Emergency phone provided and hard wired	√	
	28. Gas cylinder precautions adequate	N/A	
	29. Proper barrier around pool	√	indoor
	30. Main drains properly covered and maintained	√	
OPERATOR AND RECORDS	31. Certified Pool Operator: 1. On-site 2. Contract	1	Koby Garick
	32. Lifeguard(s) (if provided) has proper certification	√	
	33. Trained operator on duty	√	LAShica Thomas
	34. Appropriate records on file	√	
	35. Pool test kit(s) available and adequate for all necessary tests	√	
	36. Other		

ENFORCEMENT
- ☐ None
- ☐ Permit Suspended
- ☐ Closed Voluntarily
- ☐ Re-inspection needed within _____ days
- ☐ Hearing Requested/ Recommended

Permit No. SPP-106-000009

Expiration Date 17 (YY) 12 (MM) 31 (DD)

Purpose: 1
1. Routine Perm
2. Follow-up
3. Request
4. Complaint
5.

Other_____

Length of Inspection 20 Minutes

Pool Type:
- ☐ Swimming/Pool
- ☒ Spa
- ☐ Special Purpose

Pool: Type: therapy

Required Turnover Rate 30 ~~hours~~ mins. 337 gp

Type of Disinfectant CAI hypo

Required Concentration 3.0 - 10.0

Bather Load 30

Laboratory Sample 1
1. None
2. Water
3. Other

Reason for Sample:

Remarks: ok to permit for 2017

Date of Inspection	Discussed with (Signature & Title)	Inspected by (Signature & Title)
Jan. 12, 2017	Koby Garick	T Bracanty Holt, Wanda Bonwell

Form - SP-IR-1 (7-2011)