

RECREATIONAL FACILITY INSPECTION REPORT

Environmental Health Division

2120 Diamond Boulevard, Suite 100, Concord, CA 94520 (925) 608-5500FAX (925) 608-5502 (http://cchealth.org/eh/)



DBA/Name:						Identifier: Date:								
Address: City/Zip:			ip:				Phone:			Program Record #:				
Owner/Operator: Onsite Cor			Contact Person:				Re-Inspection			n Date (on or after):				
Current Permit: Yes ☐ No ☐ P	Program Element: S			Servic	ce Code:	Time In:			Т	Time Out:				
MEASUREMENTS														
Disinfectant (free): ppm pH: C	YA (cyanur	ic acid)			Flow:	gpm	Tempera	aturo:	°F	Pressur	ro Di	fforonc	0:	psi
										<u> </u>				μδι
A \$/hour (1 hr. minimum) fee will be charged for verified complaints, to reopen facilities ordered closed, re-inspections for change of ownership, or when listed violations are not corrected. Inspection reports may be posted on the Contra Costa Environmental Health website.														
KEY: (IN) = In Compliance, (N/A) = Not Applicable/No Access, (OUT) = Out of Compliance														
WATER TREATMENT	, 1	IN			_	JIPMENT RO						IN	N/A	OUT
1. DISINFECTANT			14/74	00.	$\overline{}$	FLOW MET						111	14/71	001
2. pH (7.2 to 7.8)						PRESSURE		VALVES						
3. CYA ≤ 100 ppm					38.	38. DIRECTIONAL FLOW ARROWS PROVIDED								
4. SPA TEMPERATURE ≤ 104°F					39.	PUMPS								
5. CLARITY (main drain visible)					40.	40. AUTOMATIC DISINFECTANT FEEDER								
6. DEBRIS/ALGAE/FECAL/VOMIT					41.	41. ELECTRICAL/PHYSICAL HAZARDS/LIGHTING					ì			
7. BACTERIOLOGICAL				<u> </u>		FILTER								
POOL STRUCTURE			ı	ı	_	BACKFLOV								
8. POOL SHELL			\vdash			WASTEWA	TER DISPO	OSAL						
9. WATER LINE TILES						GFCI	/A CL !! ! ! A A	DDEAKEDO						
10. COPING OR EQUIVALENT 11. DEPTH MARKERS			\vdash			HOSE BIB		BREAKERS	•					
12. DEPTH MARKING LINE						RESTROON		WEDC						Г
13. PROTRUSIONS/DECORATIVE DESIGN	ıc		\vdash			DRINKING								
14. SKIMMER/OVERFLOW SYSTEM	13					POOL BLAI		IN .						
15. RETURN INLET FITTINGS						INDOOR P		II ATION						
16. LIGHTING						PERVISION	OOL VEIVI	125 (1101)						
17. HAND AND GRAB RAILS/STAIRS					_	PERMIT/PI	AN REVIE	:W						
18. LADDERS/STEP HOLES						OPERATIO								
19. DECK (trip hazards/slope/artificial co	over)				_	TEST KIT								
20. DECK (4 ft. perimeter clearance)					54.	TOWELS/S	WIM WEA	٩R						
21. DIVING BOARDS/STARTING BLOCKS					55.	ANIMALS F	PRESENT							
22. VISIBLE ELECTRICAL HAZARDS/GFCI					56.	EMPLOYEE	HEALTH							
SAFETY EQUIPMENT					57. OTHER PUBLIC HEALTH HAZARDS									
23. LIFEGUARDS/CERTIFICATION						ETY SIGNS					_		_	
24. RESCUE POLE/BODY HOOK			<u> </u>					—NO LIFEGUARD ON DUTY" UNDER 14 WITH PARENT/ ADUL						<u> </u>
25. LIFE RING WITH ATTACHED ROPE					59.			L4 WITH P	ARE	NT/ ADU	LT			
26. SPA EMERGENCY SHUT-OFF SWITCH						GUARDIAN								
27. SUCTION OUTLET FITTINGS/COVERS			-			"NO DIVIN		ETED DAD	1///					
28. SECONDARY ANTI-ENTRAPMENT DE DOORS/GATES/ENCLOSURE	VICE			_	_	"NO USE C				TE				
29. NO ACCESS PROVIDED TO ENVIRON.	HEALTH		T	I		"KEEP CLO "EMERGEN			ιGΑ	I E				
30. GATES SELF-LATCHING & SELF-CLOS						OCCUPAN ⁻								
31. GATE OPENS OUTWARDS AWAY FRO					_	EMERGEN		CT INFOR	MAT	TION				
32. NO POINT OF ACCESS FROM RESIDE			i	Ī	_	ARTIFICIAL								i
33. EMERGENCY EXIT						SPA CAUTI				T-OFF				
34. FENCE/GATE					_	DIARRHEA			_					
35. CLIMBING HAZARDS					69.	SPRAY PAR	K/WAVE	POOL						
SPECIALIST:	PHONE: _			_	_	RECEIVE	D BY:							



RECREATIONAL FACILITY INSPECTION REPORT

Environmental Health Division 2120 Diamond Boulevard, Suite 200, Concord, CA 94520 (925) 692-2500 FAX (925) 692-2502 (<u>www.cchealth.org/eh</u>)



VIOLATION AND CORRECTIVE ACTION

15. Skimmer/Overflow System/Water Level

- A) Missing wiers. Each skimmer assembly shall have an automatically adjusting weir, and be kept in good repair. Repair/replace weir(s).
- B) Missing "o-ring" gaskets in float valves in skimmers located at far end of pool, near handrail, and closest to restroom. Each skimmer assembly shall have an air-lock protective device, and be kept in good repair. Replace "o-ring" gasket(s).

Each skimmer assembly shall have an automatically adjusting weir, an air-lock protective device, a removable and cleanable screen or basket, and be kept in good repair. [§116040, 116043, 3108B.4, 3110B.1]

General Inspection Observations

Please be aware that the recommended service life for main drain and skimmer equalizer covers may vary depending on manufacturer. If your covers are older than this they can become brittle due to exposure from pool chemicals, heat, and other environmental conditions. Covers that are past their recommended service life should be replaced with approved covers and a new AB1020 compliance form must be completed and submitted by a state licensed contractor or engineer within 30 days of the installation. Should you have any questions on this, please contact your inspector .

CLOSURE DIRECTIVE

The facility is hereby ordered to close in accordance with the California Code of Regulations, Title 22, Section 65545 and is to remain closed until written authorization to re-open is given by an authorized representative of Contra Costa County Environmental Health. Any posted closure signs are to be removed only by an authorized representative of Contra Costa County Environmental Health.

Once the violations that led to the closure have been corrected, contact this office at (925)-692-2500 to request a re-inspection.

RE-CIRCULATION EQUIPMENT								
Pump Make:	Filter Type: No. of Filters: Sq. Ft.:	No. of Skimmers: Type:						
Pump Model:	Make:	Cover Make:						
No. of Pumps: HP/RPM:	Model:	Cover Model:						
Jet Pump Make:	Disinfectant Feeder Make:	Other Pump Make:						
Jet Pump Model:	Disinfectant Feeder Model:	Other Pump Model:						
No. of Pumps: HP/RPM:	Disinfectant Feeder Type:	No. of Pumps: HP/RPM:						
Chemical Controller Make:	UV System Make:	Acid Feeder Make:						
Chemical Controller Model:	UV System Model:	Acid Feeder Model:						

To Be Emailed To: Page 1 of (DA Serial Number)