

Facility Code: 49-AA67 Facility Name: NYCC Address: 2360 RT 89 PO BOX 800 Operator's Name: RHETT TICOMY NYCC

Capacity: 147 Operation Name: NYCC INDOOR SWIMMING POOL Time Began: Time End:

Office Code: 49 Operation ID: 308322 Date of Service: 12/06/16 Inspector's ID: JAH049 Time spent conducting service: 2 hr 1 min

Service Type: INSPECTION REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS

Number of Red Violations Found: 1 Total Red Violations Not Corrected: 1 Number of Blue Violations Found: 4 Reinspection Required: Yes No

Future Service (Office Use Only): Reinspection Field Visit Sampling Meeting Date: 12/07/16 Service By (Inspector ID):

PUBLIC HEALTH HAZARDS		
<input checked="" type="radio"/>	Adequate Supervision, No Overcrowding of Pool Resulting in Poor Supervision	1 5
<input type="radio"/>	Minimum Disinfectant Residual Provided 2.0	2 1
<input type="radio"/>	Continuous Operation of Filtration and Disinfection Equipment	3 1
<input type="radio"/>	Adequate Potable Water Supply	4 1
<input type="radio"/>	Proper Clearance Between Pool and Overhead Electrical Wires, No Unprotected Circuits/Wiring Within 10 Feet of Pool	5 1
<input type="radio"/>	Emergency Lighting Source Provided/Maintained Where Night Swimming Is Allowed	6 1
<input type="radio"/>	Lifesaving Equipment Present at Pool Deck	7 1
<input type="radio"/>	Pool Bottom Visible	8 1
<input type="radio"/>	Proper Depth Markings Present	9 1
<input type="radio"/>	No Cross-connections Between Potable Water Supply and/or Sewage System and Pool Water System	10 1
<input type="radio"/>	Pool Area Properly Enclosed and Secured	11 1
<input type="radio"/>	No Unapproved Chemicals or Methods of Application	12 1
<input type="radio"/>	Main Drain Grate Adequate - In Place	13 1
<input type="radio"/>	No Glass/Sharp Objects In Pool or Deck Area	14 1
<input type="radio"/>	Other	15 1

POOL OPERATION, MAINTENANCE & SUPERVISION		
<input type="radio"/>	Qualified Aquatic Supervisory Staff/Pool Operator on Duty. Level IV Pool Use Rules Implemented	21 1
<input type="radio"/>	Direct Supervision of Bathers Provided. Adequate Number of Aquatic Supervisory Staff	22 1
<input type="radio"/>	Lifesaving Equipment Adequate/Accessible Lifeguard Chairs	23 1
<input type="radio"/>	Pool Fenced. Self-Closing/Self Latching Gates or Doors	24 1
<input type="radio"/>	Deck Unobstructed, Clean, No Standing Water, Glass Prohibited	25 1
<input checked="" type="radio"/>	Float Line, Depth and Safety Markings Provided	26 2
<input type="radio"/>	Adequate Water Depths For Diving/Slides/Starting Blocks, Clearances	27 1
<input type="radio"/>	Equipment/Appurtenances Maintained. Ladders/Steps Provided, Structural Defects Absent	28 1
<input type="radio"/>	Use of Starting Blocks Restricted to Competitive Swimming or Swimmer Training Activities	29 1
<input type="radio"/>	Electrical Defects Absent, Electrical Circuits Protected, Adequate Clearances - Overhead Wiring -Portable Devices, Compliance Certificate	30 1
<input type="radio"/>	Adequate Lighting, Surface Glare & Reflection Prevented	31 1
<input type="radio"/>	Number of Bathers Controlled - Capacity Not Exceeded. # Bathers In Water	32 1
<input type="radio"/>	Main Drain Grate Secured in Place - Good Repair	33 1
<input type="radio"/>	Water Quality; Pool Clarity, Bottom/Sides Clean, Water Surface	34 1
<input type="radio"/>	Pool Water Level Maintained for Adequate Surface Skimming	35 1
<input type="radio"/>	Overflow System/Skimmer - Weirs, Valves, Baskets Maintained	36 1
<input type="radio"/>	Pool Inlets Provide Adequate Mixing	37 1
<input type="radio"/>	Disinfection Treatment/Chemical Treatment	38 1
<input type="radio"/>	Test Kits/Testing - Adequate	39 1
<input type="radio"/>	Indoor Pools Adequately Ventilated	40 1

SPAS/SPECIAL PURPOSE POOLS ADDITIONAL REQUIREMENTS		
<input type="radio"/>	Spa Pool Operation. Water Temperature, Alarm, Drained	41 3
<input type="radio"/>	Pools for Physically Disabled, Properly Operated/Maintained	42 1
<input type="radio"/>	Movable Bottom Pools Properly Operated/Maintained	43 3
<input type="radio"/>	White Water Slides Properly Operated/Maintained	44 3

FILTER ROOM & EQUIPMENT		
<input type="radio"/>	Adequate Turnover Rate	45 3
<input type="radio"/>	Filters Properly Operated, Maintained; Flow Meter Maintained	46 3
<input type="radio"/>	Chemical Feed Equipment Operated/Maintained	47 3
<input type="radio"/>	Gas Chlorinator Properly Housed, Ventilated, Safety Equipment Provided	48 3
<input type="radio"/>	Chemicals Approved, Proper Storage/Handling/Labeling	49 3

GENERAL		
<input checked="" type="radio"/>	Bathroom/Toilet Facilities Adequate, Clean, Ventilated, Warm Water, Soap, Hand Drying Facilities Provided, Refuse Storage, Disposal	50 2
<input type="radio"/>	Furnished Suits and Towels Properly Laundered	51 3
<input type="radio"/>	Potable Water Supply Acceptable, Sewage System Adequate	52 1
<input checked="" type="radio"/>	Construction, Additions, or Modifications to Pool Approved	53 2

RECORDS/SIGNS		
<input type="radio"/>	Valid Permit to Operate - Posted	16 1
<input type="radio"/>	Injury/Illness Reporting - Log Book Maintained	17 1
<input checked="" type="radio"/>	Pool Safety Plan Developed/Implemented/Updated	18 2
<input type="radio"/>	Operation Records Maintained - Submitted	19 1
<input type="radio"/>	Regulations Posted - Capacity, Spa Warning, White Water Slide	20 1

SUPERVISION LEVEL
 Ila I Ib III IV
 Temporary Residence/Campground Homeowner Exemption

Measure	Unit	Value
Free Cl/Br	mg/L	2
Combined Cl	mg/L	
pH		7.4
Total Alkalinity	mg/L	60
Calcium Hardness	mg/L	370

Flow Meter Reading: [] [] [] [] gpm

SIGNATURE OF INSPECTOR: [Signature]
 RECEIVED BY (SIGNATURE): [Signature] DATE: [] [] []

46153