# Public Swimming Pool Equipment Inventory Report

**Name of facility**: Candlewood Suites

**Address**: 1290 Canton Rd NW

**City**: Canton

**Inspec. date (mm/dd)**: 08/26/19

**Inspec. time**: 2:30 PM

**Surface area (ft²)**: 512

**Volume (gallons)**: 16,000

**Turnover rate (min) [30, 120, 240, 480, ...]**: 314

**Travel time (min)**: 20

**Min. required flow (gpm) [Volume/Turnover-Rate]**: 6.3

## Filter(s)

<table>
<thead>
<tr>
<th>Filter(s)</th>
<th>Make</th>
<th>Model</th>
<th>Total filter area (ft²)</th>
<th>Max. allowable filter flow (gpm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pentair</td>
<td>TR100</td>
<td>3.14</td>
<td>6.3</td>
</tr>
</tbody>
</table>

## Pumps

<table>
<thead>
<tr>
<th>Pumps</th>
<th>Make</th>
<th>Model</th>
<th>Horsepower</th>
<th>Filter/strainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pentair</td>
<td>WhisperFlo</td>
<td>3.4</td>
<td>Yes</td>
</tr>
</tbody>
</table>

## Air pump

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>Hp</th>
<th>The pump or a vertical air loop shall be 12 in. min. above static water level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Meters and Gauges

- **Flow meter/Circulation**: Flow reading
- **Flow meter/Jet/hydrotherapy**: Flow reading
- **Flow meter/Special features**: Flow reading
- **Pressure gauge**: Column
- **Vacuum gauge**: On hair-lint strainer
- **Disinfection**: Calcium hypochlorite, Sodium hypochlorite
- **Secondary units**: UV light, Ozone, Ionization: Copper-Silver

## pH feeder

- **pH Muriatic acid**, Sulfuric acid, Sodium bisulfate

## Safety vacuum Release system

- **Make**: Model

## Fill water/approved source

- **Public water supply**, Non-community, Well

## Waste water

- **Discharge to sanitary sewer**, Yes, No
- **Discharge to Semi-public sewage disposal system**, Yes, No

## Equipment labels are intact and legible or information is on file for reference? **Yes**

## Remarks

- **Inventory good at time of inspection**
- **No new equipment or product**

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**Operator or Representative**: Barry, 330-627-4860

**Phone**: 330-627-1200

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**Authority**: OAC 3701-31-03(F)(1) The following section shall be completed annually for each public swimming pool to verify the equipment installed and that there have been no unauthorized changes.

- **Filter(s)**
  - Make: Pentair
  - Model: TR100
  - Total filter area (ft²): 3.14
  - Max. allowable filter flow (gpm): 6.3

- **Pumps**
  - Make: Pentair
  - Model: WhisperFlo
  - Horsepower: 3.4

- **Air pump**
  - Make: 
  - Model: 
  - Hp: 

**Meters and Gauges**: Meters and gauges shall be properly installed and maintained in good repair at all times the pool operates.

- **Flow meter/Circulation**: Flow reading
- **Flow meter/Jet/hydrotherapy**: Flow reading
- **Flow meter/Special features**: Flow reading
- **Pressure gauge**: Gage on top of filter housing
- **Vacuum gauge**: On hair-lint strainer
- **Disinfection**: Calcium hypochlorite, Sodium hypochlorite
- **Secondary units**: UV light, Ozone, Ionization: Copper-Silver

**pH feeder**

- **pH Muriatic acid**, Sulfuric acid, Sodium bisulfate

**Safety vacuum Release system**

- **Make**: 
  - Model:

**Fill water/approved source**

- **Public water supply**, Non-community, Well

**Waste water**

- **Discharge to sanitary sewer**: Yes, No
  - **Discharge to Semi-public sewage disposal system**: Yes, No

**Equipment labels are intact and legible or information is on file for reference?** Yes

**Remarks**

- **Inventory good at time of inspection**
- **No new equipment or product**
Public Swimming Pool Inspection Report

Name of Facility: Candlewood Suites
Address: 1290 Canton Rd NW
City: Carrollton 44615

Health District: Carroll County

Inspection Date (mm/dd/yyyy): 6/5/19
Inspection Time: Required turnover rate (min) [< 30]
Travel Time: 59
ID no.: 194380
License no.: 3CN-EN3984

Special Feature (SF):
- Wading pool
- Zero Entry
- Spray ground
- Indoor
- Outdoor
- Apartment/Condo
- Hotel/motel
- Pool
- Spa
- SUP
- Kiddie slide
- Playground slide
- Rec slide
- Water slide
- Fountain
- Other

Flow measurement (gpm): 60
Max allow. filter flow (gpm) / (filter label): 65
Max allow. flow: SF pump capacity (gpm): 65
Max allow. flow: Jet pump capacity (gpm): 65

Critical Violations (3701-31-04)(B)(1)(a-i):
- Outlet cover installed/secured in compliance
- Circulation/Disinfection system operating properly
- Water clarity: (can see pool bottom)
- Pool treated after RWI
- SVRS devices functioning
- Automatic chemical controller functioning properly
- Natural or artificial light sufficient
- Proper use/storage of chemicals
- Disinfection residual as required
- Lifeguards on duty
- Fecal accident treated properly
- No Electrical hazards present

Flow measurement (gpm): 60
Max allow. filter flow (gpm) / (filter label): 65
Max allow. flow: SF pump capacity (gpm): 65
Max allow. flow: Jet pump capacity (gpm): 65

Water Quality 3701-31-04 C, D:

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Standard Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Chlorine-Cl₂ (ppm)</td>
<td>(D)(6) 3</td>
<td>3</td>
</tr>
<tr>
<td>Free Chlorine-Cl₂ (ppm)</td>
<td>(D)(6) 2</td>
<td>2</td>
</tr>
<tr>
<td>Combined-Cl₂ (ppm)</td>
<td>(D)(6) 1</td>
<td>1</td>
</tr>
<tr>
<td>Bromine-Br₅ (ppm)</td>
<td>(D)(6)</td>
<td>1</td>
</tr>
<tr>
<td>Cyanuric acid (ppm)</td>
<td>(D)(5)</td>
<td>1</td>
</tr>
</tbody>
</table>

Responsibilities of the Operator 3701-31-04:

- License is displayed or on file
- No domestic animals unless otherwise permitted
- No gas chlorine for disinfection
- Pool is continuously disinfected by a feeding device connected to circulation system
- Authorized representative available within 30 minutes
- Staff are knowledgeable of equipment and pool operation
- Secondary disinfection device is not adversely affecting water quality
- Operational records maintained and on file
- Automatic chemical controller is functioning properly
- All equipment maintained in clean, safe and sanitary condition and in good repair

The items listed below are in violation of Ohio Administrative Code Chapter 3701-31 and must be corrected:

- [ ] License is displayed or on file
- [ ] No domestic animals unless otherwise permitted
- [ ] No gas chlorine for disinfection
- [ ] Pool is continuously disinfected by a feeding device connected to circulation system
- [ ] Authorized representative available within 30 minutes
- [ ] Staff are knowledgeable of equipment and pool operation
- [ ] Secondary disinfection device is not adversely affecting water quality
- [ ] Operational records maintained and on file
- [ ] Automatic chemical controller is functioning properly
- [ ] All equipment maintained in clean, safe and sanitary condition and in good repair

THE ITEMS LISTED BELOW ARE IN VIOLATION OF OHIO ADMINISTRATIVE CODE CHAPTER 3701-31 AND MUST BE CORRECTED:

Cite the specific rule number, explain where and what violation has occurred, and when the violation must be corrected.

On completion of time of inspection:

<table>
<thead>
<tr>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>See additional remarks on the attached form, HEA 5217</td>
</tr>
<tr>
<td>Re-inspection required: Yes</td>
</tr>
<tr>
<td>Compliance date:</td>
</tr>
</tbody>
</table>

Signatory/other: Mixa R. Lanier
Phone: (330) 627-4866
Operator or representative: Mixa R. Lanier
Phone: (330) 627-1200

HEA5221 (Rev 04/11) Authority: Chapter 3749, Ohio Revised Code
Ohio Department of Health, Bureau of Environmental Health
Distribution: White - Licensee
Canary - Licenser