



Record ID: PR0000896

SWIMMING POOL/SPA Inspection Report

Facility Name COUNTRY WOODS APARTMENTS		Total Violations	6	Date: 07/23/2018	Total Time: 40
Facility Address 5984 LOWE AVE		Total Significant Violations	4	Start: 10:05 am	Finish: 10:45 am
City/State EAST LINDA, CA	Zip Code 95901	Phone (530) 743-6477	Operator Name PEAIR TAITT		Operator Phone (530) 743-6477
Program: 0860 - PUBLIC SWIMMING POOL-SPA PERMIT		Service: ROUTINE INSPECTION		Result: FAILED TO MEET STANDARDS	

Fill in the designated compliance status (IN, OUT, N/O, N/A) for each numbered item Fill in the appropriate box for COS and/or R

In = In compliance **OUT** = Not In compliance **N/O** = Not observed **N/A** = Not applicable **COS** = Corrected on-site during inspection **R** = Repeat violation

SWIMMING POOL & SPA

1	Disinfectant Residual (ppm)	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
2	pH	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
3	Cyanuric Acid (ppm)	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> MAJ

RECORD KEEPING

4	Inadequate Record Keeping	<input type="checkbox"/> NVO	<input checked="" type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input checked="" type="checkbox"/> MAJ
5	DPD Test Kit	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ

CLARITY

6	Poor Clarity	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
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ALGAE

7	Algae Growth	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> MAJ
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RECIRCULATION EQUIPMENT

8	Pressure Gauges	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
9	Chlorinator	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
10	Flowmeter	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
11	Filter	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
12	Water Leakage	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
13	Cleanliness of Area	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
14	AB1020 Compliant	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ

SKIMMERS

15	Retarded Flow	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> R	<input type="checkbox"/> COS	<input type="checkbox"/> M
16	Weir	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> R	<input type="checkbox"/> COS	<input type="checkbox"/> M
17	Basket	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> R	<input type="checkbox"/> COS	<input type="checkbox"/> M
18	Skimmer Cover	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> R	<input type="checkbox"/> COS	<input type="checkbox"/> M

RESCUE & SAFETY EQUIPMENT

19	Rescue Pole with Crook	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
20	Life Ring with Rope	<input type="checkbox"/> NVO	<input checked="" type="checkbox"/> OUT		<input type="checkbox"/> COS	<input checked="" type="checkbox"/> MAJ	
21	Artificial Respiration Procedure Sign	<input type="checkbox"/> NVO	<input checked="" type="checkbox"/> OUT		<input type="checkbox"/> COS	<input checked="" type="checkbox"/> MAJ	
22	Warning-No Lifeguard on Duty Sign	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
23	Emergency Phone Number Sign	<input type="checkbox"/> NVO	<input checked="" type="checkbox"/> OUT		<input type="checkbox"/> COS	<input checked="" type="checkbox"/> MAJ	
24	Keep Closed Sign on Gate	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
25	"No Diving" Sign	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> R	<input type="checkbox"/> COS	<input type="checkbox"/> M
26	No Use After Dark Sign	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/A	<input type="checkbox"/> R	<input type="checkbox"/> COS	<input type="checkbox"/> M
27	First Aid Kit	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
28	Maximum Occupancy Sign	<input type="checkbox"/> NVO	<input checked="" type="checkbox"/> OUT		<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
29	Diarrhea Sign	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
30	Grab Rail and/or Stair Rail Loose	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	

DECK

31	Cracks in decking	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> MAJ
32	Obstructions on deck	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ

Facility Name		Date:	Page 2 of 4
COUNTRY WOODS APARTMENTS		07/23/2018	
SWIMMING POOL & SPA			
33	Inadequate drainage of pool area	<input checked="" type="checkbox"/> NVO <input type="checkbox"/> OUT	<input type="checkbox"/> MAJ
BOTTOM DRAIN			
34	Cover Plate VGBA Compliant	<input type="checkbox"/> NVO <input type="checkbox"/> OUT	<input type="checkbox"/> MAJ
35	Drain Visible from Deck	<input checked="" type="checkbox"/> NVO <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> COS <input type="checkbox"/> M
POOL FINISH			
36	Cracks in pool shell	<input checked="" type="checkbox"/> NVO <input type="checkbox"/> OUT <input type="checkbox"/> N/O	<input type="checkbox"/> MAJ
37	Rough areas in pool shell	<input checked="" type="checkbox"/> NVO <input type="checkbox"/> OUT <input type="checkbox"/> N/O	<input type="checkbox"/> MAJ
DIVING BOARD			
38	Non-slip Surface	<input type="checkbox"/> NVO <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> M
39	Condition	<input type="checkbox"/> NVO <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> M
POOL LIGHT			
40	Non-functioning pool light	<input type="checkbox"/> NVO <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O	<input type="checkbox"/> M
41	Pool Light Separating from Wall	<input checked="" type="checkbox"/> NVO <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O	<input type="checkbox"/> M
TILE			
42	Cracked Tiles	<input checked="" type="checkbox"/> NVO <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS	<input type="checkbox"/> MAJ
43	Dirty Tiles	<input checked="" type="checkbox"/> NVO <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS	<input type="checkbox"/> MAJ
44	Depth Markers	<input checked="" type="checkbox"/> NVO <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> M
CLEANLINESS			
45	Pool Bottom Dirty	<input checked="" type="checkbox"/> NVO <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS	<input type="checkbox"/> MAJ
46	Floating Debris in Pool	<input checked="" type="checkbox"/> NVO <input type="checkbox"/> OUT <input type="checkbox"/> COS	<input type="checkbox"/> MAJ
FENCING			
47	Adequacy of Fencing	<input checked="" type="checkbox"/> NVO <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS	<input type="checkbox"/> MAJ
48	Gates Self-closing	<input checked="" type="checkbox"/> NVO <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS	<input type="checkbox"/> MAJ
49	Gates are Self-latching	<input checked="" type="checkbox"/> NVO <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS	<input type="checkbox"/> MAJ
50	One Means of Keyless Egress	<input checked="" type="checkbox"/> NVO <input type="checkbox"/> OUT	<input type="checkbox"/> MAJ
ANCILLARY FACILITY			
51	Adequacy of Bathrooms	<input type="checkbox"/> NVO <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O	<input type="checkbox"/> M
52	Poor Sanitation of Bathrooms	<input type="checkbox"/> NVO <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O	<input type="checkbox"/> M
53	Structural Defect in Bathrooms	<input type="checkbox"/> NVO <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O	<input type="checkbox"/> M
54	Hot Water Provided in Bathrooms	<input type="checkbox"/> NVO <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O	<input type="checkbox"/> M
55	Poor Sanitation of Showers	<input type="checkbox"/> NVO <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R <input type="checkbox"/> N/O	<input type="checkbox"/> M
SPA REQUIREMENTS			
56	Spa Temperature	<input type="checkbox"/> NVO <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> M
57	Spa Pool Warning Signs	<input type="checkbox"/> NVO <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> COS <input type="checkbox"/> M
58	Spa Thermometer	<input type="checkbox"/> NVO <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> COS <input type="checkbox"/> M

VIOLATIONS, OBSERVATIONS AND CORRECTIVE ACTIONS

Item No	Remarks
1	Disinfectant Residual (ppm): 7.0 ppm
2	pH: 7.4
3	Cyanuric Acid (ppm): 50 ppm
4	<p>Inadequate Record Keeping: Records for the pool facility are Inadequate/ Missing. The facility shall correct this violation immediately. The facility shall maintain a DAILY log of the pool chemistry including;</p> <ol style="list-style-type: none"> 1. Disinfectant Residual 2. pH 3. Cyanuric Acid (if applicable) 4. Chemicals Added 5. Filter Back Flushing <p>CPC § 65523. Operation Records.</p> <p>(a) Except as provided in Health and Safety Code section 116048, the pool operator of every public pool open for use at a public pool site shall test the disinfectant residual and pH of the public pool water a minimum of once per day. The pool operator shall also test heated pools' water temperature a minimum of once per day. The pool operator may perform these daily tests using a properly calibrated automatic chemical monitoring and control system if approved by the enforcing agent and in accordance with the manufacturer's equipment specifications for calibration and directions for proper use. The pool operator shall maintain a written daily record of all test results, equipment readings and calibrations, and corrective action taken at the public pool site.</p>
20	<p>Life Ring with Rope: The facility was observed without/broken life ring and rope. The facility shall provide a life ring and rope the will span the maximum width of the pool. Correct prior to re-opening.</p> <p>§ 65540. Safety and First Aid Equipment.</p> <p>(1) A 17-inch-minimum (exterior diameter) life ring with an attached throw rope of 3/16-inch minimum diameter. The throw rope shall be of sufficient length to span the maximum width of the public pool and shall be stored in such a way as to prevent kinking or fouling. When rescue without a life ring can be effected from the perimeter of a spa, the enforcing agent may exempt the spa from the requirements of this subdivision.</p>
21	<p>Artificial Respiration Procedure Sign: The pool facility was observed without/unreadable artificial respiration sign. The facility must provide a clearly readable artificial respiration sign. Correct within 24 hours.</p> <p>SECTION 3120B REQUIRED SIGNS.</p> <p>3120B.5 Artificial respiration and CPR sign. An illustrated diagram with text at least 1/4 inch (6 mm) high of artificial respiration and CPR procedures shall be posted.</p>
23	<p>Emergency Phone Number Sign: The pool facility was observed without/unreadable EMERGENCY PHONE NUMBER sign. The facility must provide a clearly readable EMERGENCY PHONE NUMBER sign. Correct within 24 hours.</p> <p>SECTION 3120B REQUIRED SIGNS</p> <p>3120B.6 Emergency sign. The emergency telephone number 911, with numbers not less than 4 inches (102 mm), the number of the nearest emergency services and the name and street address of the pool facility, with numbers and text not less than 1inch (25 mm), shall be posted.</p>
28	<p>Maximum Occupancy Sign: The pool facility was observed without/unreadable MAXIMUM OCCUPANCY sign. The facility must provide a clearly readable MAXIMUM OCCUPANCY sign. Correct within 24 hours.</p> <p>SECTION 3120B REQUIRED SIGNS</p> <p>3120B.2 Pool user capacity sign. A sign shall indicate the maximum number of pool users permitted for each pool.</p> <p>3120B.2.1 Spa pool. The pool user capacity of a spa pool shall be based on one pool user for every 10 square feet (0.929 m2) of pool water surface area.</p> <p>3120B.2.2 Other pools. The pool user capacity for all other pools shall be based on one pool user for every 20 square feet (1.858 m2) of pool water surface area.</p> <p>Exception: Pool user capacity requirements do not apply to wading pools or spray grounds.</p>

Facility Name COUNTRY WOODS APARTMENTS		Date: 07/23/2018	Page 4 of 4
40	<p>Non-functioning pool light: The pool facility was observed without a functioning pool light. The facility must have adequate lighting for after dusk swimming. The facility must close the pool at dusk until pool light is functioning and approved by the Health Officer. The facility shall post a sign stating that the pool is closed at dusk. Correct immediately.</p> <p>§116043 (formerly 24101.3) Sanitary, healthful and safe condition of pool, appurtenances, etc.</p> <p>Every public swimming pool, including swimming pool structure, appurtenances, operation, source of water supply, amount and quality of water recirculated and in the pool, method of water purification, lifesaving apparatus, measures to insure safety of bathers, and measures to insure personal cleanliness of bathers shall be such that the public swimming pool is at all times sanitary, healthful and safe.</p>		
<p>Overall Inspection Comments: <i>Pool closed for use until noted violations have been corrected.</i></p> <p><i>ptaitt@mercyhousing.org</i></p>			
Received By		Title:	Date: 7/23/2018
Inspector JODI BIRD		Title: EH Technician	Date: 7/23/2018