



Record ID: PR0000879

SWIMMING POOL/SPA Inspection Report

Facility Name ELLIS LAKE APARTMENTS		Total Violations 5		Date: 08/17/2018	Total Time: 30
Facility Address 1801 ELLIS LAKE DR		Total Significant Violations 1		Start: 10:30 am	Finish: 11:00 am
City/State MARYSVILLE, CA	Zip Code 95901	Phone (530) 743-1801	Operator Name SHARON RAMSEY		Operator Phone (530) 743-1801
Program: 0860 - PUBLIC SWIMMING POOL-SPA PERMIT		Service: ROUTINE INSPECTION		Result: MINOR VIOLATIONS	

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 type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
5	DPD Test Kit	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input checked="" 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 type="checkbox"/> NVO	<input checked="" type="checkbox"/> OUT		<input type="checkbox"/> MAJ
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RECIRCULATION EQUIPMENT

8	Pressure Gauges	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
9	Chlorinator	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
10	Flowmeter	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
11	Filter	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
12	Water Leakage	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
13	Cleanliness of Area	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input checked="" type="checkbox"/> N/O	<input type="checkbox"/> COS	<input type="checkbox"/> MAJ
14	AB1020 Compliant	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input checked="" 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 checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
22	Warning-No Lifeguard on Duty Sign	<input type="checkbox"/> NVO	<input checked="" type="checkbox"/> OUT		<input type="checkbox"/> COS	<input type="checkbox"/> MAJ	
23	Emergency Phone Number Sign	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> COS	<input 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 type="checkbox"/> NVO	<input checked="" 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 ELLIS LAKE APARTMENTS		Date: 08/17/2018	Page 2 of 2	
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 checked="" 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 checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> M
39	Condition	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R	<input type="checkbox"/> M
POOL LIGHT				
40	Non-functioning pool light	<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
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 type="checkbox"/> N/A <input type="checkbox"/> R <input checked="" type="checkbox"/> N/O	<input type="checkbox"/> M
52	Poor Sanitation of Bathrooms	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R <input checked="" type="checkbox"/> N/O	<input type="checkbox"/> M
53	Structural Defect in Bathrooms	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R <input checked="" type="checkbox"/> N/O	<input type="checkbox"/> M
54	Hot Water Provided in Bathrooms	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R <input checked="" type="checkbox"/> N/O	<input type="checkbox"/> M
55	Poor Sanitation of Showers	<input type="checkbox"/> NVO	<input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> R <input checked="" 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): 1.5 ppm
2	pH: 7.2
3	Cyanuric Acid (ppm): 30 ppm
7	Algae Growth: Some black algae observed around the drain covers.
20	Life Ring with Rope: The rope was not attached to the life ring. The YCEH inspector tied the rope to the ring during the inspection. You must ensure that the life ring is attached to the rope at all times!
22	Warning-No Lifeguard on Duty Sign: Sign faded
25	"No Diving" Sign: Sign faded
28	Maximum Occupancy Sign: One of the max occupancy signs was very faded.

Overall Inspection Comments:

This inspection only included the pool area. We were unable to re-check the equipment room, daily logs, test kit or bathroom. Please contact YCEH to schedule an inspection of these items.

Several of the signs were really faded. These signs must be replaced prior to opening next season.

Received By	Title:	Date: 8/17/2018
Inspector JODI BIRD	Title: EH Technician	Date: 8/17/2018