



Record ID: PR0000886

### SWIMMING POOL/SPA Inspection Report

<b>Facility Name</b> LAKESIDE VILLAGE APARTMENTS			<b>Total Violations</b>	4	<b>Date:</b> 08/17/2018	<b>Total Time:</b> 10
<b>Facility Address</b> 1701 ELLIS LAKE DR			<b>Total Significant Violations</b>	0	<b>Start:</b> 10:00 am	<b>Finish:</b> 10:10 am
<b>City/State</b> MARYSVILLE, CA	<b>Zip Code</b> 95901	<b>Phone</b> (530) 743-2020	<b>Operator Name</b> ELIZABETH		<b>Operator Phone</b> (530) 743-2020	
<b>Program:</b> 0860 - PUBLIC SWIMMING POOL-SPA PERMIT		<b>Service:</b> FOLLOW-UP			<b>Result:</b> MEETS 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 checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> COS	<input 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 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
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 checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> COS	<input 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 checked="" type="checkbox"/> NVO	<input 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 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 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
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 checked="" type="checkbox"/> NVO	<input 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 type="checkbox"/> NVO	<input checked="" 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
33	Inadequate drainage of pool area	<input checked="" type="checkbox"/> NVO	<input type="checkbox"/> OUT		<input type="checkbox"/> MAJ

Facility Name LAKESIDE VILLAGE APARTMENTS		Date: 08/17/2018	Page 2 of 2
<b>SWIMMING POOL &amp; SPA</b>			
<b>BOTTOM DRAIN</b>			
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	
<b>POOL FINISH</b>			
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	
<b>DIVING BOARD</b>			
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	
<b>POOL LIGHT</b>			
40	Non-functioning pool light	<input 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	
<b>TILE</b>			
42	Cracked Tiles	<input type="checkbox"/> NVO <input checked="" 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	
<b>CLEANLINESS</b>			
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	
<b>FENCING</b>			
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	
<b>ANCILLARY FACILITY</b>			
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	
<b>SPA REQUIREMENTS</b>			
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): 6.0 ppm
2	pH: 7.6
3	Cyanuric Acid (ppm): 35 ppm
16	Weir: One missing in deep end skimmer
30	Grab Rail and/or Stair Rail Loose: Grab rail near deep end skimmer is loose.
40	Non-functioning pool light: Water observed inside the light.
42	Cracked Tiles: One tile missing at deep end skimmer.

**Overall Inspection Comments:**

*Pool okay to open*

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