

# Public Swimming Pool Inspection Report

Health District:  
East Liverpool City Health District

Name of facility J. Burchfield Cartwright Swimming Pool (Wading)	Type visit <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Epi Investigation <input type="checkbox"/> Consultation	Type pool <input checked="" type="checkbox"/> Pool <input type="checkbox"/> SPA <input type="checkbox"/> SUP	Setting <input checked="" type="checkbox"/> Wading pool <input type="checkbox"/> Zero Entry <input type="checkbox"/> Spray ground <input type="checkbox"/> School <input checked="" type="checkbox"/> Govt <input type="checkbox"/> MHP <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> Camp <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Other _____	Special feature (SF) <input type="checkbox"/> Kiddie slide <input type="checkbox"/> Playground slide <input type="checkbox"/> Rec slide <input type="checkbox"/> Water slide <input type="checkbox"/> Fountain <input type="checkbox"/> Other _____
Address 2205 Thompson Park				
City East Liverpool, OH 43920				

Insp date (mm/dd/yy) 06/21/2023	Insp Time 40 Min	Travel Time 0 Min	ID no.	License no. P2-2023
Surface area (sf) 1,200	Required turnover rate (min) [ie 30] 120	Volume (gallons) 5,000	Required flow min: (gpm) [Volume/TRate] 43	

Check if in violation of the Ohio Administrative Code 3701-31-04 (A-E); NA= Not Applicable

<input type="checkbox"/> Flow measure reading (gpm) 275	<input type="checkbox"/> Max allow. filter flow: (gpm) [ filter label ]	<input type="checkbox"/> Max allow. flow: SF pump capacity (gpm)	<input type="checkbox"/> Max allow. flow: Jet pump capacity (gpm)
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**Critical violations (3701-31-04(B)(1)(a-l))**

<input type="checkbox"/> (a) Outlet covers installed/secured/ in compliance	<input type="checkbox"/> (d) Circulation/Disinfection system operating properly	<input type="checkbox"/> (g) Water clarity: (can see pool bottom)	<input type="checkbox"/> (j) Pool treated after RWI
<input type="checkbox"/> (b) SVRS devices functioning	<input type="checkbox"/> (e) Automatic chemical controller functioning properly	<input type="checkbox"/> (h) Natural or artificial light sufficient	<input type="checkbox"/> (k) Proper use/storage of chemicals
<input type="checkbox"/> (c) Disinfection residual as required	<input type="checkbox"/> (f) Lifeguards on duty	<input type="checkbox"/> (i) Fecal accident treated properly	<input type="checkbox"/> (l) No Electrical hazards present

**Water Quality 3701-31-04 C, D**

(Circle disinfectant used) Calcium Hypochlorite Di-Chlor **Monopersulfate (if present will interfere with DPD test kit results)	<input type="checkbox"/> (D)(6) Total Chlorine- Cl <sub>2</sub> (ppm) 2.0 ppm	<input type="checkbox"/> (C)(2) pH [ 7.2-7.8 ] 7.6
Sodium Hypochlorite Bromine Salt	<input type="checkbox"/> (D)(6) Free Chlorine-Cl <sub>2</sub> (ppm) [ ≥ 1 ; 2 ] 2.0 ppm	<input type="checkbox"/> (C)(3) Alkalinity (ppm) [min 60] 70 ppm
	<input type="checkbox"/> (D)(6) Combined-Cl <sub>2</sub> / (ppm) [ ≤ 1 ] 0.0 ppm	<input type="checkbox"/> (C)(6) Pool water temp [ ≤ 90°F ] 81.0 F
Secondary disinfection (circle if used)	<input type="checkbox"/> (D)(6) Total Bromine-Br <sub>2</sub> (ppm) [ ≥ 2 ; 4 ]	<input type="checkbox"/> (C)(7) Spa water temp [ ≤ 104°F ]
UV light (MJoules/cm <sup>2</sup> )	<input type="checkbox"/> (D)(6) ORP/HRR (millivolts) [ ≥ 650 ]	<input type="checkbox"/> (C)(8) Spa water replaced every 30 days
Ozone (ppm)	<input type="checkbox"/> (D)(5) Cyanuric acid (ppm) ≤ 70	
Ionization: Copper-Silver (ppm)		

**Responsibilities of the Operator 3701-31-04**

<input type="checkbox"/> (A) License is displayed or on file	<input type="checkbox"/> (B)(7) No domestic animals unless otherwise permitted	<input type="checkbox"/> (D)(9) Chemicals are manually added while bathers are not present
<input type="checkbox"/> (A) All construction or alterations of a pool done with approved plans	<input type="checkbox"/> (D)(1) No gas chlorine for disinfection	<input type="checkbox"/> (E)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting
<input type="checkbox"/> (B) All facilities are maintained clean, safe and sanitary condition and in good repair	<input type="checkbox"/> (D)(2) Pool is continuously disinfected by a feeding device connected to circulation system	<input type="checkbox"/> (E)(2) Safety equipment is visible and accessible
<input type="checkbox"/> (B)(2) Authorized representative available within 30 minutes	<input type="checkbox"/> (D)(3) Mixing tank for spray ground has disinfection	<input type="checkbox"/> (E)(3) Appropriate signs are posted
<input type="checkbox"/> (B)(3) Staff are knowledgeable of equipment and pool operation	<input type="checkbox"/> (D)(4) Secondary disinfection device is not adversely affecting water quality	<input type="checkbox"/> (E)(4) Lifeguards are provided and on duty as required
<input checked="" type="checkbox"/> (B)(4 & 5) Operational records maintained and on file	<input type="checkbox"/> (D)(7) Automatic chemical controller is functioning properly	
<input checked="" type="checkbox"/> (B)(6) All equipment maintained in clean, safe and sanitary condition and in good repair	<input type="checkbox"/> (D)(8) Test kit is maintained and complete	

**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. Phone: (234) 736-7119 was tested and operational.

3701-31-04 (B)(5) Maintenance and Repair: Observed that the gates leading into the wading pool did not self close and latch as required. These gates were recently fixed this year. Per code, all equipment shall be maintained in a clean, safe, and sanitary condition, in good repair and in accordance with the manufacturer's specifications, the approved plans or this chapter of the Administrative code as follows: (s) Perimeter barriers shall be in good repair at all times to prevent unauthorized entry. All perimeter barriers shall be with gates or doors that are self-closing and lockable unless otherwise permitted by law. Sections of barrier may be repaired but additions, substantial alterations or replacement of the barrier shall be in accordance with paragraph (D) of rule 3701-31-05.1.

3701-31-04 (B)(4) Record Keeping: Observed that the weekly pool operational report was missing combined chlorine and water temperature readings. Furthermore, no readings were performed on 06/20. Per code, the licensee of public swimming pool shall maintain records as follows: (a) Water quality information shall be recorded in writing and in the required frequency as set fourth in this rule: (i), (ii), and (iv). Please refer to copy of 3701-31-04

<b>REMARKS</b> <input type="checkbox"/> See additional remarks on the attached form, HEA 5217 Re-inspection required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; Compliance date: _____	that I gave on my consultation inspection.  Note: Please make sure that doors going to chemical storage area are locked to prevent unauthorized entry.
Sanitarian/other Shawn A. Blair 17-4208	Phone (330) 932-3367 Operator or Representative <i>[Signature]</i> Phone 234-736-7119

# Public Swimming Pool Equipment Inventory Report

Health District: East Liverpool City Health District

Name of facility J. Burchfield Cartwright Swimming Pool (Wading)		Type visit	Type pool	Setting	Special feature
Address 2205 Thompson Park		<input checked="" type="checkbox"/> Standard	<input checked="" type="checkbox"/> Pool <input type="checkbox"/> SPA <input type="checkbox"/> SUP	<input checked="" type="checkbox"/> Wading pool <input type="checkbox"/> Zero Entry <input type="checkbox"/> Spray ground	<input type="checkbox"/> Kiddie slide <input type="checkbox"/> Playground slide <input type="checkbox"/> Rec slide <input type="checkbox"/> Water slide <input type="checkbox"/> Fountain <input type="checkbox"/> Other _____
City East Liverpool, OH 43920					
Insp. date (mm/dd/yy) 06/21/2023	Insp. time 10 Min			Travel time (min) 0 Min	
Surface area (sf) 1,200	Volume (gallons) 5,000	Turnover rate (min) [30, 120, 240, 480, .....] 120		Min. required flow (gpm) (Volume/Turnover-Rate) 42	

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) # 1	<input checked="" type="checkbox"/> Sand <input type="checkbox"/> DE	<input type="checkbox"/> Cartridge <input type="checkbox"/> Vacuum Pressure	Make Triton II Commercial	Model # TR-60	Total filter area (sf) 3.14	Max. allowable filter flow (gpm)
(If different than above) #	<input type="checkbox"/> Sand <input type="checkbox"/> DE	<input type="checkbox"/> Cartridge <input type="checkbox"/> Vacuum Pressure	Make	Model #	Total filter area (sf)	Max. allowable filter flow (gpm)
Pumps # 1	Circulation		Make STA-RITE	Model # 209L	Hp 3	Hair/ lint strainer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No n/a on vacuum DE filters
#	<input type="checkbox"/> Jet <input type="checkbox"/> Special feature		Make	Model #	Hp	Max. allowable flow (gpm)
#	<input type="checkbox"/> Jet <input type="checkbox"/> Special feature		Make	Model #	Hp	Max. allowable flow (gpm)
#	<input type="checkbox"/> Jet <input type="checkbox"/> Special feature		Make	Model #	Hp	Max. allowable flow (gpm)
Air pump	Make		Model #	Hp	The pump or a vertical air loop shall be 12 in. min. above static water level	

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

Flow meter/ Circulation	<input checked="" type="checkbox"/> Flow reading <input type="checkbox"/> Pump curve	Range (gpm) 175 - 500	Reading (gpm) 275		
Flow meter/ Jet/hydrotherapy	<input type="checkbox"/> Flow reading <input type="checkbox"/> Pump curve	Range (gpm)	Reading (gpm)		
Flow meter/ Special features	<input type="checkbox"/> Flow reading <input type="checkbox"/> Pump curve	Range (gpm)	Reading (gpm)		
Pressure gauge	<input checked="" type="checkbox"/> Gauge on top of filter(s) Reading (psi)	<input type="checkbox"/> On pump impellor housing Reading (psi)	<input type="checkbox"/> Filter Inlet gauge Reading (psi)	<input type="checkbox"/> Filter Outlet gauge Reading (psi)	<input type="checkbox"/> Other location: Reading (psi)
Vacuum gauge	<input type="checkbox"/> On hair-lint strainer Reading (psi)	<input type="checkbox"/> Other location: Reading (psi)	<input type="checkbox"/> Reading (psi)		
Disinfection Primary feeder	(Check all the apply) <input type="checkbox"/> Calcium hypochlorite <input checked="" type="checkbox"/> Sodium hypochlorite <input type="checkbox"/> Bromine <input type="checkbox"/> Di-Chloro <input type="checkbox"/> Tri-Chloro <input type="checkbox"/> Salt			Make Aquasol	Model # 45M3
Secondary units	<input type="checkbox"/> UV light	<input type="checkbox"/> Ozone	<input type="checkbox"/> Ionization: Copper-Silver	Make	Model #
Auto chemical controller	Displays pH & ORP/HRR	Make	Model #	Pump interlock/flow switch: <input type="checkbox"/> Yes <input type="checkbox"/> No	
pH feeder	<input checked="" type="checkbox"/> Muriatic acid <input type="checkbox"/> Sulfuric acid <input type="checkbox"/> Sodium bisulfate	Make Aquasol	Model # 45M3		
Safety vacuum Release system	Make	Model #	ODH construction inspection on file or Certificate of installation on file: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fill water/ approved source	<input checked="" type="checkbox"/> Public water supply <input type="checkbox"/> Non-community <input type="checkbox"/> Well	<input type="checkbox"/> Fill spout, line w/ air gap <input checked="" type="checkbox"/> Hose bibb w/ BFPV	<input type="checkbox"/> Direct connection (see next box)	Back Flow Prevent Valve ASSE #	
Waste water	Discharge to sanitary sewer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Discharge to Semi-public sewage disposal system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Backflow protection for waste lines: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Air gap provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment labels are intact and legible or information is on file for reference? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

For equipment changes, other than IDENTICAL, an Equipment Replacement Notification report form (HEA 5234) must be submitted for approval.

Remarks: No equipment changes.

Sanitarian/other Shawn A. Blair 17-4208	Phone (330) 932-3367	Operator or Representative <i>[Signature]</i>	Phone 330-271-1551
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# Public Swimming Pool Inspection Report

Health District:  
East Liverpool City Health District

Name of facility J. Burchfield Cartwright Swimming Pool (Main)	Type visit <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Epi Investigation <input type="checkbox"/> Consultation	Type pool <input checked="" type="checkbox"/> Pool <input type="checkbox"/> SPA <input type="checkbox"/> SUP	Setting <input type="checkbox"/> Wading pool <input type="checkbox"/> Zero Entry <input type="checkbox"/> Spray ground <input type="checkbox"/> School <input checked="" type="checkbox"/> Govt <input type="checkbox"/> MHP <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> Camp <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Other _____	Special feature (SF) <input type="checkbox"/> Kiddie slide <input type="checkbox"/> Playground slide <input type="checkbox"/> Rec slide <input type="checkbox"/> Water slide <input type="checkbox"/> Fountain <input type="checkbox"/> Other _____
Address 2205 Thompson Park				
City East Liverpool, OH 43920				

Insp date (mm/dd/yy) 06/21/2023	Insp Time 60 Min	Travel Time 5 Min	ID no.	License no. P1-2023
Surface area (sf) 11,000	Required turnover rate (min) [ie 30] 480	Volume (gallons) 388,000	Required flow min: (gpm) [Volume/TRate] 808	

Check if in violation of the Ohio Administrative Code 3701-31-04 (A-E); NA= Not Applicable

<input type="checkbox"/> Flow measure reading (gpm) 800	<input type="checkbox"/> Max allow. filter flow: (gpm) [ filter label ]	<input type="checkbox"/> Max allow. flow: SF pump capacity (gpm)	<input type="checkbox"/> Max allow. flow: Jet pump capacity (gpm)
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**Critical violations (3701-31-04(B)(1)(a-l))**

<input type="checkbox"/> (a) Outlet covers installed/secured/ in compliance	<input type="checkbox"/> (d) Circulation/Disinfection system operating properly	<input type="checkbox"/> (g) Water clarity: (can see pool bottom)	<input type="checkbox"/> (j) Pool treated after RWI
<input type="checkbox"/> (b) SVRS devices functioning	<input type="checkbox"/> (e) Automatic chemical controller functioning properly	<input type="checkbox"/> (h) Natural or artificial light sufficient	<input type="checkbox"/> (k) Proper use/storage of chemicals
<input type="checkbox"/> (c) Disinfection residual as required	<input type="checkbox"/> (f) Lifeguards on duty	<input type="checkbox"/> (i) Fecal accident treated properly	<input type="checkbox"/> (l) No Electrical hazards present

**Water Quality 3701-31-04 C, D**

(Circle disinfectant used) Calcium Hypochlorite <b>Sodium Hypochlorite</b> Bromine Di-Chlor Iri-Chlor Salt **Monopersulfate (if present will interfere with DPD test kit results)	<input type="checkbox"/> (D)(6) Total Chlorine-Cl <sub>2</sub> (ppm) 2.0 ppm	<input type="checkbox"/> (C)(2) pH [ 7.2-7.8 ] 7.5
	<input type="checkbox"/> (D)(6) Free Chlorine-Cl <sub>2</sub> (ppm) [ ≥ 1 ; 2 ] 2.0 ppm	<input type="checkbox"/> (C)(3) Alkalinity (ppm) [min 60] 70 ppm
	<input type="checkbox"/> (D)(6) Combined-Cl <sub>2</sub> / (ppm) [ ≤ 1 ] 0.0 ppm	<input type="checkbox"/> (C)(6) Pool water temp [ ≤ 90°F ] 76.6 F
Secondary disinfection (circle if used) UV light (MJoules/cm <sup>2</sup> ) Ozone (ppm) Ionization: Copper-Silver (ppm)	<input type="checkbox"/> (D)(6) Total Bromine-Br <sub>2</sub> (ppm) [ ≥ 2 ; 4 ]	<input type="checkbox"/> (C)(7) Spa water temp [ ≤ 104°F ]
	<input type="checkbox"/> (D)(6) ORP/HRR (millivolts) [ ≥ 650 ] 700 mv	<input type="checkbox"/> (C)(8) Spa water replaced every 30 days
	<input type="checkbox"/> (D)(5) Cyanuric acid (ppm) ≤ 70	

**Responsibilities of the Operator 3701-31-04**

<input type="checkbox"/> (A) License is displayed or on file	<input type="checkbox"/> (B)(7) No domestic animals unless otherwise permitted	<input type="checkbox"/> (D)(9) Chemicals are manually added while bathers are not present
<input type="checkbox"/> (A) All construction or alterations of a pool done with approved plans	<input type="checkbox"/> (D)(11) No gas chlorine for disinfection	<input type="checkbox"/> (E)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting
<input type="checkbox"/> (B) All facilities are maintained clean, safe and sanitary condition and in good repair	<input type="checkbox"/> (D)(2) Pool is continuously disinfected by a feeding device connected to circulation system	<input type="checkbox"/> (E)(2) Safety equipment is visible and accessible
<input type="checkbox"/> (B)(2) Authorized representative available within 30 minutes	<input type="checkbox"/> (D)(3) Mixing tank for spray ground has disinfection	<input type="checkbox"/> (E)(3) Appropriate signs are posted
<input type="checkbox"/> (B)(3) Staff are knowledgeable of equipment and pool operation	<input type="checkbox"/> (D)(4) Secondary disinfection device is not adversely affecting water quality	<input type="checkbox"/> (E)(4) Lifeguards are provided and on duty as required
<input checked="" type="checkbox"/> (B)(4 & 5) Operational records maintained and on file	<input type="checkbox"/> (D)(7) Automatic chemical controller is functioning properly	
<input type="checkbox"/> (B)(6) All equipment maintained in clean, safe and sanitary condition and in good repair	<input type="checkbox"/> (D)(8) Test kit is maintained and complete	

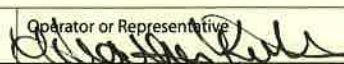
**THE ITEMS LISTED BELOW ARE IN VIOLATION OF OHIO ADMINISTRATIVE CODE CHAPTER 3701-31 AND MUST BE CORRECTED**

Cite the specific rule number, explain where and what violation has occurred, and when the violation must be corrected. Phone: (234) 736-7119 was tested and operational.

3701-31-04 (B)(4) Record Keeping: Observed that the weekly pool operational report was missing combined chlorine and water temperature readings. Furthermore, no readings were performed on 06/20.

Per code, the licensee of public swimming pool shall maintain records as follows: (a) Water quality information shall be recorded in writing and in the required frequency as set fourth in this rule: (i), (ii), and (iv). Please refer to copy 3701-31-04 that I gave on my consultation inspection.

Note: Please make sure that doors going to chemical storage are locked to prevent unauthorized entry.

<b>REMARKS</b> <input type="checkbox"/> See additional remarks on the attached form, HEA 5217 Re-inspection required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; Compliance date: _____	Sanitarian/other Shawn A. Blair 17-4208	Phone (330) 932-3367	Operator or Representative 	Phone 330-271-1556
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# Public Swimming Pool Equipment Inventory Report

Health District: East Liverpool City Health District

Name of facility J. Burchfield Cartwright Swimming Pool (Main)		Type visit <input checked="" type="checkbox"/> Standard	Type pool <input checked="" type="checkbox"/> Pool <input type="checkbox"/> SPA <input type="checkbox"/> SUP	Setting <input type="checkbox"/> Wading pool <input type="checkbox"/> Zero Entry <input type="checkbox"/> Spray ground	Special feature <input type="checkbox"/> Kiddle slide <input type="checkbox"/> Playground slide <input type="checkbox"/> Rec slide <input type="checkbox"/> Other _____ <input type="checkbox"/> Water slide <input type="checkbox"/> Fountain
Address 2205 Thompson Park					
City East Liverpool, OH 43920					
Insp. date (mm/dd/yy) 06/21/2023	Insp. time 15 Min	Travel time (min) 5 Min			
Surface area (sf) 1,200	Volume (gallons) 5,000	Turnover rate (min) [30, 120, 240, 480, .....] 480		Min. required flow (gpm) [Volume/Turnover-Rate] 808	

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) # 2 (Dual Tank)	<input checked="" type="checkbox"/> Sand <input type="checkbox"/> DE	<input type="checkbox"/> Cartridge <input type="checkbox"/> Vacuum Pressure	Make Miami	Model # SFV-2-72	Total filter area (sf) 56.6 x2 (113.2)	Max. allowable filter flow (gpm)
(If different than above) #	<input type="checkbox"/> Sand <input type="checkbox"/> DE	<input type="checkbox"/> Cartridge <input type="checkbox"/> Vacuum Pressure	Make	Model #	Total filter area (sf)	Max. allowable filter flow (gpm)
Pumps # 1	Circulation		Make Crane	Model # Deming Pumps	Hp 25	Hair/ lint strainer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No n/a on vacuum DE filters
#	<input type="checkbox"/> Jet <input type="checkbox"/> Special feature		Make	Model #	Hp	Max. allowable flow (gpm)
#	<input type="checkbox"/> Jet <input type="checkbox"/> Special feature		Make	Model #	Hp	Max. allowable flow (gpm)
#	<input type="checkbox"/> Jet <input type="checkbox"/> Special feature		Make	Model #	Hp	Max. allowable flow (gpm)
Air pump	Make		Model #	Hp	The pump or a vertical air loop shall be 12 in. min. above static water level	

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

Flow meter/ Circulation	<input checked="" type="checkbox"/> Flow reading <input type="checkbox"/> Pump curve	Range (gpm) 700 - 1700	Reading (gpm) 800		
Flow meter/ Jet/hydrotherapy	<input type="checkbox"/> Flow reading <input type="checkbox"/> Pump curve	Range (gpm)	Reading (gpm)		
Flow meter/ Special features	<input type="checkbox"/> Flow reading <input type="checkbox"/> Pump curve	Range (gpm)	Reading (gpm)		
Pressure gauge	<input checked="" type="checkbox"/> Gauge on top of filter(s) Reading (psi)	<input type="checkbox"/> On pump impellor housing Reading (psi)	<input type="checkbox"/> Filter Inlet gauge Reading (psi)	<input type="checkbox"/> Filter Outlet gauge Reading (psi)	<input type="checkbox"/> Other location: Reading (psi)
Vacuum gauge	<input type="checkbox"/> On hair-lint strainer Reading (psi)	<input type="checkbox"/> Other location: Reading (psi)	<input type="checkbox"/> Reading (psi)		
Disinfection Primary feeder	(Check all the apply) <input type="checkbox"/> Calcium hypochlorite <input type="checkbox"/> DI-Chloro	<input checked="" type="checkbox"/> Sodium hypochlorite <input type="checkbox"/> Tri-Chloro	<input type="checkbox"/> Bromine <input type="checkbox"/> Salt	Make Flexflo	Model # A1N20A-6T
Secondary units	<input type="checkbox"/> UV light	<input type="checkbox"/> Ozone	<input type="checkbox"/> Ionization: Copper-Silver	Make	Model #
Auto chemical controller	Displays pH & ORP/HRR Yes	Make Chemtrol	Model # PC3000	Pump interlock/flow switch: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
pH feeder	<input checked="" type="checkbox"/> Murlatic acid <input type="checkbox"/> Sulfuric acid <input type="checkbox"/> Sodium bisulfate	Make Flexflo	Model # A1N20A-6T		
Safety vacuum Release system	Make	Model #	ODH construction Inspection on file or Certificate of installation on file: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Fill water/ approved source	<input checked="" type="checkbox"/> Public water supply <input type="checkbox"/> Non-community <input type="checkbox"/> Well	<input checked="" type="checkbox"/> Fill spout, line w/ air gap <input type="checkbox"/> Direct connection (see next box)	<input type="checkbox"/> Hose bibb w/ BFPV	Back Flow Prevent Valve ASSE #	
Waste water	Discharge to sanitary sewer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Discharge to Semi-public sewage disposal system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Backflow protection for waste lines: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Air gap provided? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Equipment labels are intact and legible or information is on file for reference?  Yes  No

For equipment changes, other than IDENTICAL, an Equipment Replacement Notification report form (HEA 5234) must be submitted for approval.

Remarks: No equipment changes.

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Sanitarian/other Shawn A. Blair 17-4208	Phone (330) 932-3367	Operator or Representative <i>[Signature]</i>	Phone 330-271-1536
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*Shawn A Blair 17-4208*