

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) 08/10/2023	Insp Time 90 Min	Travel Time 5 Min	ID no.	License no. P 1-2023
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 checked="" type="checkbox"/> Flow measure reading (gpm) 700 gpm	<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 checked="" 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 Sodium Hypochlorite Bromine Di-Chlor Tri-Chlor Salt **Monopersulfate (if present will interfere with DPD test kit results)	<input checked="" type="checkbox"/> (D)(6) Total Chlorine- Cl ₂ (ppm) No Reading	<input checked="" type="checkbox"/> (C)(2) pH [7.2-7.8] 8.2 ppm
	<input checked="" type="checkbox"/> (D)(6) Free Chlorine-Cl ₂ (ppm) [≥ 1; 2] No Reading	<input type="checkbox"/> (C)(3) Alkalinity (ppm) [min 60] 80 ppm
	<input checked="" type="checkbox"/> (D)(6) Combined-Cl ₂ / (ppm) [≤ 1] No Reading	<input type="checkbox"/> (C)(6) Pool water temp [≤ 90°F] 81.7 F
Secondary disinfection (circle if used) UV light (MJoules/cm ²) Ozone (ppm) Ionization: Copper-Silver (ppm)	<input type="checkbox"/> (D)(6) Total Bromine-Br ₂ (ppm) [≥ 2; 4]	<input type="checkbox"/> (C)(7) Spa water temp [≤ 104°F]
	<input type="checkbox"/> (D)(6) ORP/HRR (millivolts) [≥ 650] 739 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)(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 checked="" 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 checked="" 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)(1)(c) - Observed that the main pool did not register any chlorine levels. Per code, (1) The licensee shall not operate a public swimming pool when an imminent health hazard is present, including but not limited to: (c) When disinfection residual is less than required. Per D(6), minimum free residual of chlorine shall be 1.0 ppm. Please correct immediately
- * 3701-31-04 (C)(2) - Observed that the pH levels were at or above 8.2 ppm. Per code, (2) The pH shall be maintained within the range of not less than 7.2 and not greater than 7.8.
- * 3701-31-04 (B)(6)(i) - Observed that the flow meter reading was at 700 gpm and had no movement. This is the lowest reading designated on the meter and not at the correct

REMARKS <input checked="" type="checkbox"/> See additional remarks on the attached form, HEA 5217 Re-inspection required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; Closes 08/12 Compliance date: _____	Sanitarian/other Shawn A. Blair 17-4208	Phone (330) 932-3367	Operator or Representative	Phone
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Shawn A Blair 17-4208

Ohio Department of Health Inspection/Observation Report Supplement

Type of Project
<input checked="" type="checkbox"/> Public Swimming Pool, Spa or Special Use Pool
<input type="checkbox"/> Manufactured Home Park
<input type="checkbox"/> Campgrounds: <input type="checkbox"/> RC <input type="checkbox"/> CPC <input type="checkbox"/> RVP <input type="checkbox"/> TPC
<input type="checkbox"/> Marina
<input type="checkbox"/> Other _____

County Columbiana	Permit No./ODH File No.
Establishment Name J. Burchfield Cartwright Swimming Pool (Main)	Address 2205 Thompson Park

See attached Inspection Report. Use the space provided below for additional remarks or drawings

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
1	required	flow	rate.	Per	coe,	(i)	A	means	of	determining	rate-of-flow	shall	be	installed,	provided	and	maintained	on	all	water										
2	pumps	so	that	the	rate	of	circulation	can	be	accurately	determined.	Please	correct	before	the	start	of	next	season.											
3	3701-31-04	(B)(6)(p)	-	Observed	posts	protruding	from	the	deck	surface.	Other	imperfections	were	found	around	deck														
4	surface.	Per	code,	(p)	Deck	surfaces	shall	be	maintained	in	a	clean,	smooth	and	slip-resistant	condition,	free	of	any											
5	standing	water	and	any	sharp,	exposed	edges	or	other	hazards.	Please	correct	before	the	start	of	next	season.												
6	3701-31-04	(B)(6)(q)	-	Observed	that	the	deep	end	of	the	pool	did	not	have	depth	markers.	Per	code,	(q)	Depth	markers,									
7	deck	warnings	and	signs	shall	be	maintained	in	accordance	with	paragraph	(H)	of	rule	3701-31-05.1	of	the													
8	Administrative	Code.	Per	code,	(H)(4)	Deck	markers	shall	not	be	spaced	more	than	twenty-five	feet	apart	as	measured												
9	along	the	perimeter	wall	of	a	public	swimming	pool.	Please	correct	before	the	start	of	next	season.													
10	3701-31-04	(B)(1)(c)	-	Observed	that	the	DPD	tst	kit	in	use	expired	last	year.	Per	code,	(c)	Test	kit	reagents	shall	be	fresh.							
11	Please	correct	before	the	start	of	next	season.																						
12	3701-31-04	(B)(4)(a)(iv)	-	Observed	no	temperature	reading	in	main	pool	log	book.	Per	code,	(iv)	Water	temperature	shall												
13	be	recorded	not	less	than	once	per	day.																						
14																														
15	Please	make	sure	all	safety	equipment	is	provided	and	displayed	as	per	3701-31-04	(E)(2)(b)(i)(ii).	Per	code,	(2)	the	licensee											
16	of	a	public	swimming	pool	other	than	a	spa,	wading	pool	or	spray	ground	shall	provide	safety	equipment	that	shall	be									
17	readily	visible	from	the	public	swimming	pool	and	easily	accessible.																				
18																														
19	Will	discuss	possible	upgrades	before	start	of	next	season.																					
20																														
21	Thank	you	for	all	your	hard	work!!!																							
22																														
23																														
24																														
25																														
26																														
27																														
28																														
29																														
30																														

Scale	Sanitarian <i>Shawn A. Blair 17-4208</i> Shawn A. Blair 17-4208	Date 08/10/2023
Show the North arrow	Owner/Agent <i>[Signature]</i>	Date

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) 08/11/2023	Insp Time 20 Min	Travel Time 5 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 checked="" 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

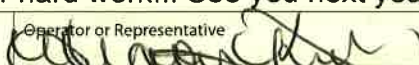
(Circle disinfectant used) Calcium Hypochlorite Sodium Hypochlorite Bromine Salt Di-Chlor Tri-Chlor **Monopersulfate (if present will interfere with DPD test kit results)	<input checked="" type="checkbox"/> (D)(6) Total Chlorine-Cl ₂ (ppm) No Reading	<input type="checkbox"/> (C)(2) pH [7.2-7.8] 7.6
	<input checked="" type="checkbox"/> (D)(6) Free Chlorine-Cl ₂ (ppm) [≥ 1; 2] No Reading	<input type="checkbox"/> (C)(3) Alkalinity (ppm) [min 60] 70 ppm
	<input checked="" type="checkbox"/> (D)(6) Combined-Cl ₂ / (ppm) [≤ 1] No Reading	<input type="checkbox"/> (C)(6) Pool water temp [≤ 90°F] 81.0 F
Secondary disinfection (circle if used) UV light (MJoules/cm ²) Ozone (ppm) Ionization: Copper-Silver (ppm)	<input type="checkbox"/> (D)(6) Total Bromine-Br ₂ (ppm) [≥ 2; 4]	<input type="checkbox"/> (C)(7) Spa water temp [≤ 104°F]
	<input type="checkbox"/> (D)(6) ORP/HRR (millivolts) [≥ 650]	<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)(1) No gas chlorine for disinfection	<input type="checkbox"/> (E)(1) Exclusion of people with obvious infectious wound or experiencing diarrhea/vomiting
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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)(1)(c) - Observed that the wading pool did not register any chlorine levels. Per code, (1) The licensee shall not operate a public swimming pool when an imminent health hazard is present, including but not limited to: (c) When disinfection residual is less than required. Per D(6), minimum free residual of chlorine shall be 1.0 ppm. Please correct immediately	
* 3701-31-04 (B)(1)(C) - Observed that the DPD test kit in use expired last year. Per code, (c) test kit reagents shall be fresh. Please get new test kit prior to opening next year.	
* 3701-31-04 (B)(4)(a)(iv) Observed no temperature readings in wading pool log book. Per code, (a) water quality shall be recorded in writing as set fourth in this rule: (iv) Water temperature shall be recorded not less than once per day	

REMARKS <input type="checkbox"/> See additional remarks on the attached form, HEA 5217 Re-inspection required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; Closes 08/12 Compliance date: _____	Thank you for your hard work!!! See you next year.
Sanitarian/other Shawn A. Blair 17-4208	Operator or Representative  Phone (330) 932-3367

Shawn A Blair 17-4208