

SWIMMING POOL/SPA INSPECTION REPORT

LOCAL INSPECTION AGENCY:

Johnson County Public Health
855 S. Dubuque St; Suite 217
Iowa City, IA 52240

Date of Inspection: 8/16/24	Registration # SP52-065 <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input checked="" type="checkbox"/> Other Splash Pad
Facility Name: Fair Meadows Splash Pad	Registration # <input type="checkbox"/> Pool <input type="checkbox"/> Spa <input type="checkbox"/> Other
Facility Physical Address: 2451 Miami Dr.	City: Iowa City Zipcode: 52240
Person Contacted: Caleb Burkholder	E-Mail: cckb-burkholder@iowa-city.org
Manager on Duty:	E-Mail:
Name of CPO(s): Caleb Burkholder	E-Mail:

CHEMICAL FEED SYSTEMS AND SECONDARY DISINFECTANT

Disinfection make and model #: **Pulsar Infinity**

Type:

Bromine
 Trichlor
 Calcium Hypochlorite
 Sodium Hypochlorite
 Lithium Hypochlorite
 Cl (gas)
 Other: _____

WATER CHEMISTRY

Type (Pool, Spa, Plunge Pool, etc.)	Free Chlorine Pool 1.0-8.0 Spa 2.0-8.0	Bromine Pool 2.0-18.0 Spa 4.0-18.0	pH Pool 7.2-7.8 Spa 7.2-7.8	Cyanuric Acid Pool 0-40 Spa 0- 40	Controller ORP 700-880 pH 7.2-7.8	Spa Temperature ≤ 104°
Splash Pad Pool	FC - 3.47 TCL - 3.47		7.0		316	AIR-43 CH-78

Key: S = Satisfactory U = Unsatisfactory N/A = Not Applicable

FACILITY RECORDS

- | | |
|--|--|
| <p>1. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.9(1) The swimming pool or spa is currently registered.</p> <p>2. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(2)a(1)-(6) & 15.51(2)a(1)-(6): Water quality readings recorded are in the correct range (or closures noted when out of range).</p> <p>3. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(2)e(1)-(6): Swimming pool: ORP and pH at opening and every 4 hours; free Cl (Br) 2x daily; combined Cl, total alkalinity and cyanuric acid weekly; calcium hardness & bacteria testing monthly.</p> <p>4. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 15.4(4)h(1)3 & 15.51(4)f(2)3: Submerged outlet (VGB) certification of compliance (main drain, equalizer, feature outlets, etc.) is on-site.</p> <p>5. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 15.4(4)h(3)1-3 & 15.51(4)f(4)1-3: SVRS product information that demonstrates compliance is on-site. SVRS tested monthly and the test date(s) recorded.</p> | <p>6. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(6)h: Certified operator, lifeguard, first-aid, & CPR certificates.</p> <p>7. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(6)f(2) & 15.51(5)e(2): Monthly microbiological analyses results.</p> <p>8. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(6)f(3) & 15.51(5)e(4): Facility maintains reports of complaints, accidents, injuries, & illness. Reports submitted as required.</p> <p>9. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(6)f(4) & 15.51(5)e(5): Dates & quantities of chemical additions, including resupply of chemical feed systems.</p> <p>10. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(6)f(5) & 15.51(5)e(6): Dates when filters were backwashed, cleaned, or a filter cartridge was changed.</p> <p>11. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(6)f(6) & 15.51(5)e(8): GFCI receptacles & breakers are tested at least 1x/month and dates of test dates recorded.</p> <p>12. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(6)f(7) & 15.51(5)e(9): MSDS for chemicals on-site, reviewed annually, and date(s) of review recorded.</p> <p>13. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15.4(6)i(1)-(6) & 15.51(5)g(1)-(6): Operations manual on-site (water testing procedures, backwash, vacuuming, etc.).</p> |
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FACILITY RECORDS CONT.

- | | S | U | N/A | |
|-----|-------------------------------------|--------------------------|-------------------------------------|--|
| 14. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(6)l: A written emergency plan onsite (drowning, serious illness or injury, chemical-handling accidents, weather emergencies, and other serious incidents) reviewed annually by staff, and date(s) of review recorded. |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(6)m: Lifeguard staffing plan, including diagram(s) of zones of surveillance responsibility. |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.51(2)e(3): Spa temperature recorded when water quality testing is done (104° or less-closures noted when out of temp range). |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.51(2)e(1)-(8): Spa: ORP and pH at opening and every 2 hours; free Cl (Br) and temperature 2x daily+; combined Cl and cyanuric acid daily; total alkalinity weekly and at each fill; calcium hardness at each fill & bacteria testing monthly |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.51(3)b(2): Spa drained, cleaned & refilled: 500 gal or less 1x week, 500 -2000 gal 1x every two weeks, more than 2000 gal 1x every three weeks. |

POOL/DECK/SURROUNDING AREA

- | | S | U | N/A | |
|-----|-------------------------------------|--------------------------|-------------------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(1)b(4)1 & 15.51(1)e(1)-(2): Skimmers have self-adjusting weirs and removable baskets. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(2)c & 15.51(2)c: Grate clearly visible. Grate openings visible in water less than 8ft deep. |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(3)b(1) & 15.51(3)b(1): Pool/spa does not require cleaning. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)b(1): Ladders or recessed steps provided in the deep portion of pool. Stairs, ladders, recessed steps, or ramps provided in the shallow portion if more than 2ft deep. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)b(2) & 15.51(4)b(5): Ladders and ladder rungs are securely anchored. |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)b(3): The vertical rails of a ladder are 3" to 6" from the pool wall. The bottom end of ladder is within one inch of the pool wall and covered with a smooth non-metallic cap. |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)b(4) & 15.51(4)b(2): Steps, rungs, and ramps are slip resistant. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)b(5): Pool over 30ft wide have recessed steps, ladders, ramps, or stairs installed on each side. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)b(6)-(7): Recessed steps, stairs, or ramps have securely anchored grab rails or handrails. |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)b(8): Stairs have slip resistant color contrasting stripe at least 1 inch wide marked at the leading edge of each tread. |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)e: Elevated lifeguard chairs (where required) are provided. |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)f(1): Required lifesaving equipment provided. |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)f(4): First-aid kit containing bandages, 4x4 bandage compress, self-adhering gauze bandage, disposable gloves & chemical cold compress. Signage if required. |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)f(5): Spine board provided (facilities with lifeguards) |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)f(6) & 15.51(4)d: A designated emergency telephone with instruction. Signage posted as required. |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)g & 15.51(4)e: Pool/spa water levels maintained at the skimming level. |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)h & 15.51(4)f: Fully submerged outlets not missing or broken. |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)h(4) & 15.51(4)f (5): Skimmer equalizer openings VGB compliant or the equalizers plugged. |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)i(1): The bottom and sides of pool are white or light color. |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)i(3): The shallow & deep water (5ft) or change in slope is marked by a float line with floats spaced no more than 5ft apart. |

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| 21. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.5(18)c: Each section of a multi-section pool is separated from the other sections by a float line (built or reconstructed since March 10, 1993). |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)j(1): Depth markers within 3ft from edge of pool. |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)j(2): Depth markers in 1ft depth intervals and not more than 25ft apart in shallow water. |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)j(3): Depth markers not more than 25ft apart around the deep end of swimming pool. |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)j(6): "No Diving" marked in areas where diving is not permitted (not more than 25ft apart). |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)j(7): Letters, numbers & graphics marked on decks and slip resistant. |
| 27. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)k(1)-(3) & 15.51(4)h(1)-(4): Decks are slip resistant, have durable and cleanable surface, are free of litter, obstructions & tripping hazards. |
| 28. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(4)k(3) & 15.51(4)l: No underwater or overhead projections or obstructions. |
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)l(2) & 15.51(4)k(2): Fence, wall, or other means of enclosure has no openings greater than 4 inches. |
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)l(1) & 15.51(4)k(1): Pool enclosed by a fence, wall, building enclosure or combination not less than 4ft high. |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)l(2) & 15.51(4)k(2): The distance between the ground & the top of the lowest horizontal support is at least 45 inches. |
| 32. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)l(3) & 15.51(4)k(3): A gate at least 36 inches wide provided for emergency purposes. |
| 33. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)l(4) & 15.51(4)k(3): Gates lockable. |
| 34. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)l(5) & 15.51(4)k(4): Gates/doors are self-closing and self-latching (where lifeguards are not provided). |
| 35. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)l(5): Indoor pool enclosed by barrier at least 3ft high if there are sleeping rooms, hallways, apartments, condominiums or permanent recreation areas used by children that open directly into the swimming pool area. |
| 36. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)l(6): Wave pool has a continuous barrier at least 42 inches high along the full length of each side of the wave pool. |
| 37. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)m (1) & 15.51(4)j(1): Electrical outlets serving pool deck equipped with (GFCI) at the outlet or at the breaker serving the outlet. |
| 38. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)m(2) & 15.51(4)j(4): Artificial lighting provided for indoor or outdoor pools/spas used after sunset (overhead and/or underwater lights) are functional. |
| 39. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(6)b(1)-(3) & 15.51(5)b(1)-(8): Legible pool rules signs posted at two locations (No Diving, No Rough Play, No Running) |
| 40. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(6)d(1): 'No Lifeguard' (Children under 12 must be accompanied by an adult) sign posted at each swimming pool entry where lifeguards are not provided. |
| 41. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.5(4)h & 15.51(4)h(3): At least one hose bib provided for flushing the deck (built or reconstructed since March 14, 1990). |
| 42. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.4(1)d(2) & 15.51(1)g(2): Vacuum breaker backflow preventers provided on all hose bibs on the deck. |
| 43. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4(4)c(2): Starting blocks removed, covered, or a sign posted to prevent use by the public during general use periods. |
| 44. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.5(4)d & 15.52(4)b: The decks drain away from the swimming pool/spa (built or reconstructed since March 10, 1993). |
| 45. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.5(13)f(3): Where pool depth changes from shallow to deep, a 4 inch wide stripe is marked (floor and wall) at 5 feet depth (built or reconstructed since March 14, 1990). |
| 46. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15.4 & 15.51: A swimming pool/spa is operated in a safe, sanitary manner. |

SPA

- | S | U | N/A |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 15.51(4)c: Spa water temperature does not exceed 104°F.
 - 15.51(4)i: Agitation system control out of reach of persons and timer is 10 minutes or less.
 - 15.51(5)b: Spa rules sign (8 required stipulations) posted.
 - 15.51(5)c: Maximum spa depth posted (letters or numbers 3in high).
 - 15.52(12)a: A spa has at least one stairway, ramp, ladder or set of recessed steps designating a point of entry (built or reconstructed since March 14, 1990).
 - 15.52(12)a(1)2: Spa stair steps have two hand/grab rails, one on each side of the steps (built or reconstructed since March 10, 1993).
 - 15.52(12)c: An emergency shutoff switch near the spa (built or reconstructed since 1999).

WADING POOLS

- | S | U | N/A |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 15.4(4)h: Fully submerged outlets not missing or broken.
 - 15.4(4)h(1)2: Fully submerged outlet covers/grates not removable without the use of tools.
 - 15.4(4)l(4): Wading pool within 50 ft of a pool has a barrier at least 36 inches high separating it from the pool or has written alternate management plan on-site.
 - 15.4(4)l(5): Gates/doors are self-closing and self-latching (where lifeguards are not provided).
 - 15.4(6)d(1): 'No Lifeguard' (Children must be accompanied by an adult) sign posted at each wading pool entry where lifeguards are not provided.
 - 15.4(4)j(4): Maximum depth of wading pool at each entrance and one location inside enclosure (letters or numbers 3in high).

DIVING BOARDS

- | S | U | N/A |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 15.4(4)c(6): Diving boards/platforms have slip-resistant surfaces.
 - 15.4(4)c(8)-(9): Diving board handrails and guard rails present and secure.
 - 15.4(4)c(10): Diving board supports, platforms & steps have no obvious visual structural problems.

WATER SLIDES

- | S | U | N/A |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 15.4(4)d(5): Water slide has a lifeguard (or shallow water guard where applicable) at the top and bottom of slide.
 - 15.4(4)o(1): Water slide support structures are free of obvious structural defects.
 - 15.4(4)o(2): The walkable surface of flume is smooth and continuous.
 - 15.4(4)o(3): The walkable surface of flume has no sharp edges within reach of a user while in the proper sliding position.
 - 15.4(6)e (1)-(6): Water slide rules are posted near the slide.
 - 15.5(17)b(1): Plunge pool depth is at least 3ft and no more than 4ft.
 - 15.5(17)b(4): Landing area for a water slide is designated by a float line or a painted area.

MECHANICAL ROOM

- | S | U | N/A |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 15.4(1)a & 15.51(1)a: Filtration system is in good working condition.
 - 15.4(1)b(1) & 15.51(1)c: The recirculation system is operating continuously (except for backwashing or servicing).
 - 15.4(1)b(1) & 15.51(1)c: The circulation system flow meter(s) are functional.
 - 15.4(1)b(2) & 15.51(1)b: Pressure gauges (before and after) filter pump
 - 15.4(1)c & 15.51(1)f: Wastewater and backwash is discharged through an air break or air gap.
 - 15.4(1)d(1) & 15.51(1)g(1): Water supplied to a pool/spa is discharged to the system through an air gap or a reduced principle backflow device.
 - 15.4(1)d(2) & 15.51(1)g(2): Vacuum breaker backflow preventers provided on hose bibs in mechanical room.
 - 15.4(1)e(1) & 15.51(1)h(1): Electric water heaters have UL seal.
 - 15.4(1)e(2) & 15.51(1)h(2): Gas-fired heaters have AGA seal and equipped with a pressure relief valve.
 - 15.4(1)e(3) & 15.51(1)h(3): Fuel-burning water heaters are vented to the outside.
 - 15.4(1)e(4) & 15.51(1)h(4): Rooms with fuel-burning equipment has opening(s) to the outside for providing combustion air.
 - 15.4(2)g: Knowledgeable person in testing water/operating water treatment equipment available when pool is open for use.
 - 15.4(2)f(1)-(3) & 15.51(2)f(1)-(3): A swimming pool/spa facility has water testing equipment for free chlorine & combined chlorine, or total bromine; pH; total alkalinity; calcium hardness; & cyanuric acid.
 - 15.4(2)f(4)-(5) & 15.51(2)f(4)-(5): ORP/pH controller with numerical analog or digital display
 - 15.4(3)a(1) & 15.51(3)a(1): Continuous disinfection feed equipment installed and operational.
 - 15.4(3)a(2) & 15.52(11)h: Continuous pH chemical feed equipment installed and operational (built or reconstructed since July 1, 1998).
 - 15.4(3)b(2): A vacuum cleaning system is provided.
 - 15.4(6)j & 15.51(5)i: A schematic drawing of the recirculation system is posted or clear labeling of piping with flow direction and water status (unfiltered, treated, backwashed).

CHEMICAL STORAGE

- | S | U | N/A |
|-------------------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 15.4(4)a(2) & 15.51(4)a(2): Swimming pool/spa chemicals properly stored & handled.
 - 15.4(4)a(4) & 15.51(4)a(4): Chemical storage containers clearly labeled.
 - 15.4(4)a(5) & 15.51(4)a(5): A chemical hazard warning placed at the entrances to rooms where chemical are used or stored.
 - 15.4(4)h(3) & 15.51(4)f(4): A pool/spa with a single submerged outlet that is not unblockable is equipped with a SVRS.
 - 15.4(4)m(2) & 15.51(4)j(4)2: Underwater lights more than 15 V equipped with a GFCI.
 - 15.5(11)g: Sodium hypochlorite tanks larger than 55 gallons have secondary containment (built or reconstructed since May 4, 2005).

CHLORINE GAS

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|--|----------|----------|------------|--|
| | S | U | N/A | |
|--|----------|----------|------------|--|
- 15.4(4)n(1)1: Chlorine gas room has an exhaust system.
 - 15.4(4)n(1)2: An air intake provided near the ceiling.
 - 15.4(4)n(1)3: The exhaust fan shall be operated from a switch labeled "Chlorine Exhaust Fan" in a nearby location outside the chlorine room or building.
 - 15.4(4)n(1)4: Discharge from exhaust system outside of pool enclosure
 - 15.4(4)n(1)5: Artificial lighting provided in chlorine room
 - 15.4(4)n(1)7: A plastic bottle of commercial strength ammonia solution for leak detection.
 - 15.4(4)n(2)1: Chlorine gas cylinders are individually anchored with safety chains or straps

BATHHOUSE

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|--|----------|----------|------------|--|
| | S | U | N/A | |
|--|----------|----------|------------|--|
- 15.4(5): Showers, dressing rooms & sanitary facilities are clean & free of debris.
 - 15.4(5)a-b: Floors slip-resistant and maintained without standing water.
 - 15.4(5)c: Carpet not in wet areas of the bathhouse/dressing area.
 - 15.4(5)d: Lavatories, showers & sanitary facilities functional.
 - 15.4(5)e: Soap at each lavatory and indoor shower fixtures.
 - 15.4(4)m(1) & 15.51(4)j(1): Electrical outlets in the public dressing, lavatory, and shower areas are protected by GFCI receptacles at the outlet or breaker serving the outlet.
 - 15.5(21)e: Hose bib(s) provided within the bathhouse (built or reconstructed since March 14, 1990) .

- 15.4(1)d(2) & 15.51(1)g(2): Vacuum breaker backflow preventers provided on all hose bibs in the bathhouse.

SPRAY PADS

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|--|----------|----------|------------|--|
| | S | U | N/A | |
|--|----------|----------|------------|--|
- 15.5(19)a: The surface of a spray pad shall be impervious and durable. Padding specifically designed for spray pads may be used with play features.
 - 15.5(19)b: The spray pad surface shall slope to drain. Deck or other areas outside the spray pad shall not drain into the spray pad.
 - 15.5(19)c: Unless the spray pad is supervised by facility staff, a sign shall be posted near the spray pad that addresses: No running on or around the spray pad, No rough play, No facility supervision. Parents are responsible for supervising their children.
 - 15.5(19)d: Spray pads drains shall be gravity outlets. At least two drains or a single drain that is unblockable shall be provided.
 - 15.5(19)e(2): On independent treatment systems the tank shall be accessible for cleaning and inspection.
 - 15.5(19)e(3): On independent treatment systems the recirculation treatment system and play feature pump and piping system shall be separate.
 - 15.5(19)e(5): On independent treatment systems the play feature pump system shall be designed so that it will not operate if the recirculation system in not operating.

IOWA SMOKEFREE AIR ACT

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| | S | U | |
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- Iowa Code §142D: No violations observed (No evidence of smoking in prohibited areas, no ashtrays present, signs posted at entrances)

Comments/Recommendations:

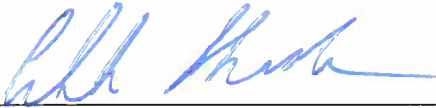
No violations observed on this day.

Comments/Recommendations:

FACILITY ACKNOWLEDGEMENT

If any of the conditions identified below occur during operation of the swimming pool or spa, the owner or their representative (i.e. CPO, Lifeguard, Manager, etc) must immediately close the pool/spa and document the closure in the daily logs in accordance to 641 IAC Chapter 15. The pool or spa must remain closed until proper operating conditions are achieved and recorded in the daily logs.

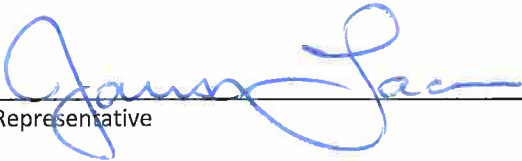
- The swimming pool shall be closed if the free chlorine measurement is less than 0.6 ppm or the total bromine measurement is less than 1.0 ppm.
- The spa shall be closed if the free chlorine measurement is less than 1 ppm or the total bromine measurement is less than 2.0 ppm.
- The spa shall be closed if the temperature is greater than 104°.
- The swimming pool or spa shall be closed if the free chlorine measurement is greater than 8.0 ppm or the total bromine measurement is greater than 18.0 ppm.
- The swimming pool or spa shall be closed if the ORP is less than 650 mV or greater than 880 mV.
- The swimming pool or spa shall be closed if the pH measurement is less than 6.8 or is greater than 8.2.
- The swimming pool or spa shall be closed if the cyanuric acid measurement is greater than 80 ppm.
- The swimming pool or spa (when the spa agitation system is off) shall be closed if the main drain is not clearly visible. (This can be caused by problems such as poor water clarity, surface reflection, and/or inadequate lighting.)
- The swimming pool or spa shall be closed if submerged suction outlets (drain cover, equalizer cover, feature outlets, etc.) are missing or broken.
- The swimming pool or spa shall be closed when chemical additions are made from the deck for at least one-half hour or until the disinfectant residual returns to acceptable levels
- Two consecutive positive test results for coliform bacteria. (After the first positive result, the local inspection agency office should be contacted, and the pool shall be super-chlorinated (the addition of chlorine disinfectant compound to a concentration of at least 10 ppm free chlorine) at the facility's earliest convenience but not to exceed 24 hours. A recheck sample shall be taken once the disinfectant residual returns to acceptable levels. The pool shall be closed if the second sample is positive and may reopen once no coliform bacteria are detected and the above listed requirements are met.



Pool/Spa Representative



Date



JCPH Representative



Date

By checking this box, I understand and acknowledge that if the Corrective Action Plan is not returned by N/A, a special inspection may be conducted and a fee of \$200 will be applied. *IAC 641 Chapter 15.12 (3)c

Pool/Spa Representative Initials CSB

*The inspector reviewed the facility in relation to the particular requirements of 641 IAC Chapter 15 identified above. The inspection is limited in scope and time noting observed deficiencies. Deficiencies may have occurred before the inspection, may occur after the inspection, or may not have been directly observable by the inspector at the time of inspection. The inspection in no way waives any of the requirements of 641 IAC Chapter 15 and the facility will be required to correct any deficiencies identified through future inspections. The inspection does not review any other local, state, or federal laws, ordinances, regulations, or requirements that may apply to this facility.

NOTIFICATION OF DEFICIENCIES AND REQUEST FOR CORRECTIVE ACTION
Enforcement 641 15.6(135I)

Facility Name: Fair Meadows Splash Pad
Date of Inspection: 3/16/24
Inspector: James Lacina

The following is a list of the deficiencies that were identified in the inspection report that need a Corrective Action Plan. Please respond within ___ days of receipt of this notice to the identified deficiencies by completing the Corrective Action Plan section(s) below with an explanation of how the deficiencies will be corrected and the timeframe. If a deficiency cannot be completed before you respond, you must set a fixed time for correction. Failure to respond within the required timeframe may result with enforcement action against your facility pursuant to Iowa Code 135I and 641 IAC 15.6.

Deficiency 1: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

N/A

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 2: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 3: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 4: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 5: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Corrective Action Plan: (Cite this section to be completed by the facility to indicate how the deficiencies will be corrected)