

PUBLIC POOL BATHING PLACE

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC POOL AND BATHING PLACE
INSPECTION REPORT

Geocoded 26.581182/-81.884286

PURPOSE:

- ROUTINE REINSPECTION
 CONSTRUCT. CHANGE OF OWNER **TYPE: Public Pool <= 25000 Gallons**
 COMPLAINT CONSULTATION
 QA SURVEY EPIDEMIOLOGY
 OTHER



NAME of POOL Tanglewood Elementary Pool
ADDRESS 1620 Manchester Boulevard **CITY** Fort Myers
OWNER The School District of Lee County * **ZIP** 33919
PERSON IN CHARGE Fred Hopspea **PHONE** (239) 334-1102
POOL OPERATOR Tri-City **PHONE** (239)234-1992
E-MAIL sherrimw@leeschools.net

- RESULTS:**
- Satisfactory
 Incomplete
 Pool Closed
 Unsatisfactory
 OUT OF BUSINESS

- Correct Violations by**
- Next Inspection
 8:00 AM on:

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
08:30	08:45	12/16/2013	54489	36-60-00874

Re-InspectionDate

Items marked below are not in compliance the requirements of Chapters 64E-9 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-9 of the Florida Administrative Code and Chapters 386 and 514, Florida Statutes. Violations must be corrected as indicated in the Results section above or an administrative fine or other legal action will be initiated.

POOL AREA	POOL SAFETY	EQUIPMENT ROOM	POOL SPECIFICATIONS								
<input type="checkbox"/> 1. Appearance/Algae Control	<input type="checkbox"/> 14. Life Hook w/Pole	<input type="checkbox"/> 25. Spa Requirements	<table border="1" style="width: 100%;"> <tr><td style="text-align: center;">VOLUME</td></tr> <tr><td style="text-align: center;">17280</td></tr> <tr><td style="text-align: center;">POOL LOAD</td></tr> <tr><td style="text-align: center;">20</td></tr> <tr><td style="text-align: center;">FLOW RATE</td></tr> <tr><td style="text-align: center;">100</td></tr> <tr><td style="text-align: center;">FILTER TYPE</td></tr> <tr><td style="text-align: center;">CV</td></tr> </table>	VOLUME	17280	POOL LOAD	20	FLOW RATE	100	FILTER TYPE	CV
VOLUME											
17280											
POOL LOAD											
20											
FLOW RATE											
100											
FILTER TYPE											
CV											
<input type="checkbox"/> 2. Deck/Walkways	<input type="checkbox"/> 15. Life Ring w/Rope	<input type="checkbox"/> 26. Wading Pool: Quick Dump									
<input type="checkbox"/> 3. Tile/Pool Finish	<input type="checkbox"/> 16. Safety Line/2" Marking	<input type="checkbox"/> 27. Water Level/Control									
<input type="checkbox"/> 4. Depth Markers	<input type="checkbox"/> 17. Rules Posted	<input type="checkbox"/> 28. Disinfection Feeder									
<input type="checkbox"/> 5. Handrail/Ladder	<input type="checkbox"/> 18. Certification	<input type="checkbox"/> 29. pH Feeder									
<input type="checkbox"/> 6. Step Markings	SANITARY FACILITIES	<input type="checkbox"/> 30. Chem. Container Label									
<input type="checkbox"/> 7. Main Drain Grate	<input type="checkbox"/> 19. Supplies	<input type="checkbox"/> 31. Filter Pump									
<input type="checkbox"/> 8. Gutter Grates/Skimmer	<input type="checkbox"/> 20. Clean	<input type="checkbox"/> 32. Vacuum Cleaner									
<input type="checkbox"/> 9. Lighting	WATER QUALITY	<input type="checkbox"/> 33. Flowmeter									
<input type="checkbox"/> 10. No Dive Markings	<input type="checkbox"/> 21. Approved Test Kit	<input type="checkbox"/> 34. Thermometer									
<input type="checkbox"/> 11. Diving Board	<input type="checkbox"/> 22. Free Chlorine/Bromine	<input type="checkbox"/> 35. Pressure/Vacuum Gauge									
<input type="checkbox"/> 12. Pool Cover	<input type="checkbox"/> 23. pH	<input type="checkbox"/> 36. Equip. Room									
<input type="checkbox"/> 13. Pool Side Shower	<input type="checkbox"/> 24. Chlor. Stabilizer	<input type="checkbox"/> 37. Cross Connection									
		<input type="checkbox"/> 38. Gas Chlorine Equip.									
		<input type="checkbox"/> 39. Waste Water Disposal									
		<input type="checkbox"/> 40. D.E. Separator									
		<input type="checkbox"/> 41. Other Equipment									
		<input type="checkbox"/> 42. Equipment Change									
		<input type="checkbox"/> 43. Approved Chemicals									
		<input type="checkbox"/> 44. Maintenance Log									
		<input type="checkbox"/> 45. Inspection Posted									
		<input type="checkbox"/> 46. Electrical Equip.									
		<input type="checkbox"/> 47. Fences									
		<input type="checkbox"/> 48. Other _____									
		<input type="checkbox"/> 49. Other _____									

COMMENTS AND INSTRUCTIONS

INSPECTION CONDUCTED BY: Michael Nedzweckas PHONE: (239) 690-2100 ex.
 INSPECTION COND SIGNATURE: M. Nedzweckas PHONE 2: (239) 690-2100 ex.
 COPY OF REPORT RECEIVED BY: X [Signature] DATE: 12/16/2013

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY PUBLIC HEALTH UNIT
Swimming Pools/Spa



Name: Tanglewood Elementary Pool

Date: 12/16/2013

Identification No: 36-60-00874

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector Michael Nedzweckas

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