

### PUBLIC SWIMMING POOL INSPECTION REPORT TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH

| ESTABLISHMENT<br>Revere Place at Spring Hill |                     | DATE<br>07/16/24                  | SCORE    |
|--|---------------------|-----------------------------------|----------|
| LOCATION<br>1000 Revere Place                | STAFF<br>Jeff Dault | EST. NO.<br>690241718             | _98_/100 |
| CITY, STATE, ZIP Spring Hill TN 37174 B      |                     | PURPOSE<br>Routine                |          |
| PERMITTEE                                    |                     | FOLLOW- UP ( ) YOUREQUIRED ( ) NO | 5000     |

#### PHYSICAL FACILITIES

| I. | Bathhouse: floors and walls clean   | 1  |
|----|---|----|
| 2. | Plumbing fixtures clean, operating properly   | -1 |
| 3. | Toilet tissue in holder, soap, single service towel, air<br>dryer, mirrors non-breakable        | 1  |
| 4. | Approved, adequate, adjusted, repair, clean   | -1 |
| 5. | Adequate lighting, ventilation  | 2  |
| 6. | Pool facilities: walls, bottom, decking, walks, fixtures,<br>equipment clean and in good repair | 2  |

|   | 22. | Sanitizing residual: (ppm), approved chemical test kit | 2   |
|---|-----|--|-----|
| ٠ | 23. | Approved sanitizing, disinfecting methods              | 4   |
| + | 24. | Visual test, excessive turbidity                       | - 4 |
|   | 25. | Algae control  | 2   |
|   | 26. | No foreign material                                    | 2   |
|   | 27, | Water level maintained                                 | 2   |
|   | 28, | Water temperature                                      | 4   |
|   | 29. | Non-breakable thermometer (Type D pools)               | 2   |

#### SAFETY

| * | 7.  | Certified lifeguard(s), number, lifeguard chair, number          | 4   |
|---|-----|--|-----|
|   | 8.  | Chemical storage, handling                                       | - 4 |
|   | 9.  | Personnel, patrons with communicable diseases<br>restricted      | 4   |
| + | 10. | Depth markers, diving boards, towers, fencing                    | 4   |
|   | 11, | Electrical   | 4   |
| + | 12. | Gas chlorination   | - 4 |
| + | 13. | General safety: no broken bottles, cans, glass, sharp<br>objects | 4   |
| + | 14: | Illumination adequate  | . 4 |
| + | 15. | Lifeline adequate, constructed, approved material                | 4   |
|   | 16. | Lifesaving equipment, adequate                                   | 4   |
| * | 17. | Main drain, signs, starting blocks, steps, ladders               | -4  |
|   | 18. | Telephone  | 4   |

#### WATER QUALITY

|   | 19. | Bacteriological test results positive           | 4   |
|---|-----|---|-----|
|   | 20. | pH range, total alkalinity, cyanuric acid level | (2) |
| * | 21. | Absence of approved sanitizing residual         | 4   |

- \* Identifies critical items
- \*\* Identifies misdemeanor violations

## WATER, WASTE WATER

| 30. | Cross connection(s)            | 4  |
|-----|--------------------------------|----|
| 31. | Sewage disposal                | 4. |
| 32. | Water supply, source, approved | 4  |

#### ADMINISTRATION

| **  | 33. | Current permit posted                 | 0 |
|-----|-----|---------------------------------------|---|
| 0.0 | 34. | Most current inspection report posted | 0 |

#### WATER QUALITY READINGS

| Free Chlorine     | 3 ppm   |
|-------------------|---------|
| Free Bromine      | ppm     |
| pH                | 7.8     |
| Total Alkalinity  | 110 ppm |
| Water Temperature | °F      |

Failure to correct any violations of critical items within ten (10) days may result in revocation of your public swimming pool permit. Repeated violation of identical critical item category may result in revocation of your public swimming pool permit. Items identified as constituting imminent health hazards shall be corrected immediately or operations shall cease. You are to post the swimming pool permit and the most recent inspection report in a conspicuous manner. You have the right to request a hearing regarding this report by filing a written request with the Commissioner within ten (10) days of the date of this report. T.C.A. Sections 68-14-307, 68-14-308, 68-14-321, and 4-5-320.

| Signature of<br>Person in Charge |     | //                    | 7 |  |
|----------------------------------|-----|-----------------------|---|--|
| reison in Charge                 | ] ( | $\leftarrow$ $\prime$ |   |  |

Ву

EHS

Date of Signature 07/16/2024

Time in/out 12:04 PM

12:20 PM

#### PUBLIC SWIMMING POOL INSPECTION REPORT TENNESSEE DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH

Establishment Name: Revere Place at Spring Hill

Establishment Information

Establishment Number: 690241718



| Observed Violations                     |   |                   |
|---|---|-------------------|
| Total # 1                               |   |                   |
| 20:                                     |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
| ***See page at the end of this docum    | nent for any violations that could not be display | ed in this space. |
| Additional Comments                     |   |                   |
| Accessive and an analysis of the second |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |
|   |   |                   |

\*\*\*See page at the end of this document for any extra Additional Comments that could not be displayed in this space.

| Establishment Name:<br>Establishment Numbe | 690241718     | pring riiii |  |  |
|--|---------------|-------------|--|--|
| 01   |               |             |  |  |
| Observed Violation                         | ns (cont'd)   |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
| Additional Comme                           | ents (cont'd) |             |  |  |
| -auraonar comme                            | ms (com a)    |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |
|  |               |             |  |  |

Establishment Information

What you need to know about...

# Protecting your water against waterborne pathogens

# Easily assess potential risk factors and keep your water safe for guests:

- Complete this short worksheet to see if your building is at high risk for Legionella growth:
  - https://www.cdc.gov/control-legionella/php/toolkit/wmp-worksheet.html
- Learn the basics of a water management program:
  - https://www.cdc.gov/control-legionella/php/wmp/index.html
- Learn how to keep your pools and hot tubs safe for guest use: https://www.cdc.gov/control-legionella/php/hospitality/index.html
- ☐ Reach out with questions or concerns: Legionella.Health@tn.gov





# What is Legionella?

Legionella are bacteria that can cause a serious lung infection called Legionnaires' disease. People can get sick when they inhale water droplets that contain the bacteria.



# How does Legionella affect water systems?

Legionella bacteria grow naturally in the environment and in water. They can also grow in building water systems. Buildings with large water systems, like hotels, may be more likely to grow Legionella. If the bacteria are present, they can be spread through aerosols produced by: hot and cold water systems, showerheads, decorative fountains, hot tubs, cooling towers, and more.



# Why should you care?

Legionella can potentially grow and spread in building or recreational water systems that can often result in a large number of guests getting sick affecting your business's reputation and income.



# What can you do to prevent Legionella and other waterborne diseases?

You can protect your guests, staff, and business by assessing your water system and learning about water management programs. Using a water management program can help identify potential hazards in your water system to prevent the growth and spread of harmful bacteria.



# Recreational Water Illnesses - What You Should Know.

Preventing recreational water illnesses (RWIs) is possible when operators, patrons, and local health departments work together to ensure compliance with rules and regulations for permitted establishments. Absence or low levels of sanitizing residual in pools, spas, splash pads, and other types of recreational water can result in the spread germs that cause diarrhea as well as skin and respiratory RWIs.



# Thinking about Remodeling your Public Swimming Pool?

# Call your local health department first!



1200-23-5.03 Rule (a) the Tennessee Public Swimming Pool regulations states that "no person shall begin construction of a public swimming pool or shall alter or reconstruct any public swimming pool without first having submitted plans and specifications to the Department review having received and for approval."

If you plan to remodel, convert, or do any alteration to your pool in the future, contact the health department **FIRST**!

Failure to contact the health department may require expensive and time-consuming changes.

Call your local county health department and ask for the Environmental Health Program. Contact information for all local health departments in the state can be found at <a href="mailto:thislink.">this link.</a>

Or, email <a href="mailto:geh.health@tn.gov">geh.health@tn.gov</a> and provide the name and address of the pool you are planning to construct or remodel, and we will have the EHS reach out to you.