



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

|                                          |                        |                                                                      |                             |
|------------------------------------------|------------------------|----------------------------------------------------------------------|-----------------------------|
| ESTABLISHMENT<br>Sleep Inn & Suites Pool |                        | DATE<br>03/14/24                                                     | SCORE<br><br><b>98 /100</b> |
| LOCATION<br>2689 Highwood Blvd.          | STAFF<br>Brennen Boone | EST. NO.<br>690222927                                                |                             |
| CITY, STATE, ZIP<br>Smyrna TN 37167      | TYPE<br>B              | PURPOSE<br>Routine                                                   |                             |
| PERMITTEE<br>Sleep Inn & Suites          |                        | FOLLOW-UP ( ) YES<br>REQUIRED <input checked="" type="checkbox"/> NO |                             |

PHYSICAL FACILITIES

|    |                                                                                              |   |
|----|----------------------------------------------------------------------------------------------|---|
| 1. | Bathhouse: floors and walls clean                                                            | 1 |
| 2. | Plumbing fixtures clean, operating properly                                                  | 1 |
| 3. | Toilet tissue in holder, soap, single service towel, air 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, equipment clean and in good repair | 2 |

|       |                                                        |   |
|-------|--------------------------------------------------------|---|
| 22.   | Sanitizing residual: (ppm), approved chemical test kit | 2 |
| * 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 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 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, WASTE WATER

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

ADMINISTRATION

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

WATER QUALITY

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

WATER QUALITY READINGS

|                   |         |
|-------------------|---------|
| Free Chlorine     | 3 ppm   |
| Free Bromine      | ppm     |
| pH                | 7.2     |
| Total Alkalinity  | 100 ppm |
| Water Temperature | °F      |

\* Identifies critical items

\*\* Identifies misdemeanor violations

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, 68-14-318, 68-14-321, and 4-5-320.

Signature of  
Person in Charge

Date of Signature 03/14/2024

By

Time in/out 11:40 AM

EHS

11:55 AM

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TENNESSEE DEPARTMENT OF HEALTH  
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***Establishment Information***

Establishment Name: Sleep Inn & Suites Pool

Establishment Number : 690222927

***Observed Violations***

Total # 1

6: Paint peeling on bottom surface of pool near stair entry

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

***Additional Comments***

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

**Establishment Information**

Establishment Name: Sleep Inn &amp; Suites Pool

Establishment Number : 690222927

**Observed Violations (cont'd)****Additional Comments (cont'd)**

Source Type: Water

Source: Smyrna city



What you need to know about...

# Your building water system and *Legionella*

## How to assess your building to protect guests and staff:

- ☐ Complete this short worksheet to see if your building is at high risk for *Legionella* growth:  
<https://www.cdc.gov/legionella/wmp/toolkit/wmp-risk.html>
- ☐ Learn the basics of a water management program:  
<https://www.cdc.gov/legionella/wmp/overview.html>
- ☐ Reach out with questions or concerns: [Legionella.Health@tn.gov](mailto: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 building water?

*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* may grow and spread in hotel water systems. Hotels often have a large number of visitors and numerous *Legionella* outbreaks have occurred at hotels. From 2016 to 2017, there were 134 illnesses related to two outbreaks at Tennessee hotels.



## What can you do to prevent *Legionella*?

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





# Thinking about Remodeling your Public Swimming Pool?

**Call your local health department first!**



Rule 1200-23-5.03 (2) (a) of 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 for review and having received 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 [this link](#).

Or, email [geh.health@tn.gov](mailto:geh.health@tn.gov) 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.