



Recreational Water Facility Inspection Report

Facility Berkeley Springs State Park Certified RWF Operator James Steiner
Location 2 South Washington St. Berkeley Springs WV 25411

Telephone 304-258-5860 Permit Holder Berkeley Springs State Park Permit Number RWF-33-05-31-17-88

Type Facility (check all that apply): Swimming Pool Wading Pool Diving Pool Bathing Beach Spa/Hot Tub Wave Pool
 Hydrotherapy/Therapeutic Pool Spray Pool Water Slide Lazy River Other: _____

<p>1. Disinfection</p> <p>a. Continuous chemical feed equip.* b. No hand batch feeding except for super-chlorination or shocking. c. Materials, methods approved. d. Gas chlorination - separate chlorine room. e. Chlorine room ventilation, cylinder storage, cylinder scales. f. No undue safety hazard. g. Handled, stored, used per directions. h. Compatible with other chemicals. i. Does not impart toxic properties. j. Effective residual; easily, accurately tested. k. Free chlorine residual of 1 - 5 mg/l. Deep 4 Shallow 4 Other _____ l. Bromine residual 2 - 5 mg/l. Deep _____ Shallow _____ Other _____ m. Other disinfectants approved; EPA reg.; residual, easily measured. n. Cyanuric acid as stabilizer 10-100 mg/l.</p> <p>2. Chemical Requirements</p> <p>a. Per 64 CSR 3 Public Water Systems b. Bathing Beach: Per 46 CSR 01, Category A, Appendix E.</p> <p>3. Bacteriological Requirements</p> <p>a. Sample - coliform organisms: Super-chlorinate, retest, correct. b. Bathing Beach: Sample - >235 E coli per 100 ml, cease operation, retest, correct.</p> <p>4. pH and Alkalinity Control</p> <p>a. pH 7.2 - 7.8.* Deep <u>7.2</u> Shallow <u>7.2</u> Other _____ b. For gas chlorination - continuous mechanical feeder. No hand batch feeding. c. Total alkalinity 60 - 180 mg/l as calcium carbonate.* <u>90</u></p> <p>5. Water Clarity</p> <p>a. Main drain or 6" black disk on bottom of deepest part visible from sidewall.* b. Follow Table 64-16C, Water Quality Guidelines.</p> <p>6. Control Tests & Operation Records</p> <p>a. Approved test kits b. DPD method for free or total chlorine. c. Maintain records 1 yr.; testing, attendance, hrs. of equip. operation. d. Weekly summary submitted. e. Tests for pH, free chlorine twice/day.* f. Maintain test kits, renew reagents semi-annually for indoor RWF, prior to opening for seasonal RWF. Correct reagents used.</p>	<p>g. If free chlorine residual ≤ 0.5 mg/l, cease operations until ≥ 1.0.* h. If free bromine residual ≤ 1.0 mg/l, cease operations until ≥ 2.0.*</p> <p>7. Supervision of Patrons</p> <p>a. Qualified operator available.* b. Operator authority to exclude patron(s), evacuate facility. c. No urination, defecation, spitting, spouting water, blowing nose in water. d. No open sores or infectious disease transmissible by water. e. Patrons and apparel visibly clean. f. Children not toilet trained wear tight-fitting, plastic underwear that prevents leakage. g. Exclude disruptive patrons and those under influence of drugs or alcohol. h. No animals except service animals. i. Food, drink, gum, tobacco in designated, controlled areas. j. Glass, unsafe materials excluded. k. Diving from deck only at ≥ 5 ft. depth l. Post rules, readily visible to patrons.</p> <p>8. Safety Requirements</p> <p>a. Shepherd's crook and reach pole. b. 1 rescue tube/lifeguard, accessible. c. Without lifeguards, 1 unit of life saving equipment available for patron use. d. Equipment in good repair. e. First aid kit, fully stocked, available. f. Lifeguard w/o open sores or infectious diseases transmissible by water. g. Each lifeguard access to personal protective equip. including resuscitation mask, gloves. h. Certified lifeguards, if required. No. per Table 64-16B. Certificates current: life guarding, CPR, first aid. i. Children not left unattended in wading pool by parents/adults. j. If no lifeguards, post sign "Warning: No lifeguard on duty. All persons under the age of 14 must be accompanied by an adult." k. OSHA bloodborne pathogen plan. l. Telephone within 100 ft.; nos. posted. m. Written emergency plan. n. Drain entrapment of patrons avoided. o. Single drains meet ANSI/NSPI-1 and ANSI/NSPI-2 by 7/01/2005. p. Spas: Emergency shut-off switch and audible alarm within 20 ft. q. Comply with 87 CSR 01 Fire Code. r. Patron load per ANSI/NSPI-1.</p>	<p>9. Routine Maintenance and Operation</p> <p>a. Decks, sidewalks, areas surrounding facilities and bathhouse clean. b. Visible debris removed every 12 hrs. or as needed for visibility and safety.* c. No visible scum, floating matter, grease line.* d. Skimmers, overflow gutters, hair and lint catchers maintained.* e. Pumps, filters maintained.* f. Drain as needed to inspect, clean, repair.* g. Water treatment equip. operated 24hrs/day.* h. Ventilation for indoor RWF meets ANSI/ASHRAE Standard 62-1999.</p> <p>10. Bathhouses, Concessions, Etc.</p> <p>a. Toilets, lavatories, fountains, showers per 87 CSR 04 State Building Code. b. Bathhouses, clothing storage facil., toilets, showers, other facil. good repair, clean. c. Toilet tissue at each toilet. d. Hand cleanser, approved drying device at each lav. or group of adjacent lavs. e. Hot & cold running water, or tempered water, mixing faucets. f. Concession stand in compliance with 64 CSR 17 Food Establishments.</p> <p>11. Compliance</p> <p>a. Permit posted. b. Except for bathing beaches, operator shall close RWF per Table 64-16A. c. If water clarity not in compliance, close only affected area.* d. At a bathing beach, operator shall close b. beach if an inadequate no. of lifeguards or lifesaving equip. is provided; or an accident occurs causing lifeguard to leave station. e. Written record of closure events.</p> <p>12. Design, Construction*</p> <p>a. In compliance with ANSI/NSPI-1 1991 and ANSI/NSPI-2 1999 Standards. b. Lifelines, depth markings provided. c. Rate of flow meter Main pool _____ gpm Wading pool _____ gpm d. Placard in filter room lists water volume, gpm needed for turnover rate. e. Gauges:- Main Pool Wading Pool Influent _____ Effluent _____ Vacuum _____ f. Fencing, Lighting adequate. (* = not applicable to bathing beaches.)</p>
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Remarks No violations at this time.

Violations must be corrected by N/A Inspected by T. Zeigler
Received by _____ Date _____ Telephone No. _____