



Aquatic Facility Name: Gaulker Family Wellness Center		Aquatic Facility License Number: AF30	
Address: 733 8th Ave SW	City: Valley City	State: ND	Zip: 58072
Phone:		Date: 6/21/2025	
Purpose for visit: complaint		Time In: 9:00am	Time Out: 9:30am
Pool/Spa Area			In/Out
01 Enclosure: fencing, walls, gates, and doors in good repair			N/A <input type="checkbox"/>
02 Self-closing / self-latching gates or doors operational			N/A <input type="checkbox"/>
03 Protected overhead electrical wires/GFCI electrical receptacles			N/A <input type="checkbox"/>
04 Grab rails, ladders secured; shell, deck in good repair			N/A <input type="checkbox"/>
05 Float/safety line clearly present			N/A <input type="checkbox"/>
06 "Depth" and "no diving" markers; stair stripes, in good repair and visible			N/A <input type="checkbox"/>
07 Skimmers: Weirs and basket installed; clean and operating: covers in good repair			N/A <input type="checkbox"/>
08 Recirculation inlets functional			N/A <input type="checkbox"/>
09 Main drain grate secured in place and in good repair			In <input type="checkbox"/>
10 Water is clear, main drain visible			In <input type="checkbox"/>
11 Floatation Tank: Interior surfaces cleaned to prevent build-up of slime and biofilm layers			N/A <input type="checkbox"/>
12 Starting blocks removed, covered, or access blocked			N/A <input type="checkbox"/>
13 Pool deck free from obstructions; emergency exit marked			In <input type="checkbox"/>
14 Emergency phone or other communication device available and well-marked			N/A <input type="checkbox"/>
15 First Aid Kit available			N/A <input type="checkbox"/>
16 Appropriate safety equipment present and in good repair			N/A <input type="checkbox"/>
17 Adequate supervisions of the aquatic facility			In <input type="checkbox"/>
18 Signs: rules/chemicals/spa legible and in good repair			N/A <input type="checkbox"/>
19 Water temperature ≤ 104°F (40°C)			In <input type="checkbox"/>
Water Chemicals			
20 Approved NSF/ANSI Standard 50 DPD test kit			N/A <input type="checkbox"/>
21 Proper disinfectant level			In <input type="checkbox"/>
22 pH between 7.2 and 7.8			In <input type="checkbox"/>
23 Combined chlorines < 0.4ppm			N/A <input type="checkbox"/>
24 Cyanuric acid ≤ 90 ppm			N/A <input type="checkbox"/>
Equipment / Chemical Room			
25 Automated feeders/controllers operable			N/A <input type="checkbox"/>
26 Piping and valves identified and marked			N/A <input type="checkbox"/>
27 Flow meter present and operating			N/A <input type="checkbox"/>
28 Recirculation pump: approved, good repair, operating			N/A <input type="checkbox"/>
29 Filter: approved, good repair, operating			N/A <input type="checkbox"/>
30 Pump strainer: baskets in good condition, not clogged			N/A <input type="checkbox"/>
31 Filter gauges operable: filter inlet and outlet, strainer			N/A <input type="checkbox"/>
32 Proper functioning UV system; ozone system			N/A <input type="checkbox"/>
33 Floatation Tank: Ozone or UV system in proper working order and meets volumetric turnover requirements			N/A <input type="checkbox"/>
34 Chemicals: labeled, stored safely, secured			N/A <input type="checkbox"/>
35 Appropriate Personal Protective Equipment (PPE) Available			N/A <input type="checkbox"/>
Hygiene Facilities			
36 Diaper Changing station present; sink, adjacent trash can			N/A <input type="checkbox"/>
37 Used equipment separated from cleaned equipment			N/A <input type="checkbox"/>
38 Toilets: clean, good repair, bathroom appropriately stocked			N/A <input type="checkbox"/>
39 Rinse/cleansing showers: good repair accessible			N/A <input type="checkbox"/>
Records Room			
40 Lifeguard and / or Operator training certification available onsite			N/A <input type="checkbox"/>
41 Inspection report conspicuously posted			N/A <input type="checkbox"/>
42 Operator inspection daily items: checklist used daily; evidence of appropriate steps promptly taken			N/A <input type="checkbox"/>
43 Chemical records: filled out daily, evidence of appropriate steps promptly taken			N/A <input type="checkbox"/>
44 Emergency Action Plan available on site			N/A <input type="checkbox"/>
General			
45 Substantial unauthorized alterations/equipment replacement			
46 Other			



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Central Valley Health District

Central Valley Health District
Environmental Health Department
Aquatic Inspection Form

Item #	Description of Violation	Corrective Actions	Correct By Date

Inspection Published Comment:

CVHD reviewed complaint with facility following items:
01/09/2026 and 01/10/2026 chemical log records were changed
dried urine on urinal on second floor men's restroom.
week of 01/12/2026 patron experience hair on body loss and associated it with swimming.
Facility unaware of complaint.

CVHD and Facility reviewed records, on 01/09/2026 and 01/10/2026 pool records show evidence of being either rewritten or written over.
Facility manager unaware of record incident.

CVHD will send facility record requirements, Facility stated outdoor pool main drain covers changed in 2025.

In = In compliance Out = Not in compliance N/A = Not Applicable N/O = Not Observed COS= Corrected On Site R= Repeat

Follow up: Yes Follow up date: during subsequent inspections

Facility Representative: **Hilary Flatt**

Facility Signature: _____

Inspector: **Marcie Bata**

Inspector Signature: _____