



**Public Health**  
Environmental Health Services

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**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME CIMMARON OAKS II		DATE 6/29/2015	REINSPECTION DATE Not Specified	PERMIT EXPIRATION 10/31/2015
LOCATION 9350 MONTE VISTA, MONTCLAIR, CA 91763			INSPECTOR Nicole Walker	
MAILING ADDRESS 1420 N CLAREMONT BL STE 205D, CLAREMONT CA 91711			IDENTIFIER: Spa	
TIME IN 2:49 PM	TIME OUT 3:10 PM	FACILITY ID FA0008508	RELATED ID PR0014480	PE 3623
			SERVICE: 001 - INSPECTION - ROUTINE RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE ACTION: 01 - NO FURTHER ACTION REQUIRED	

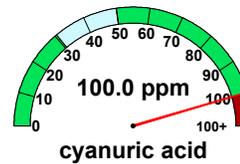
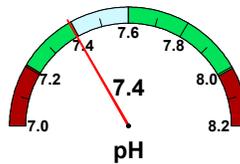
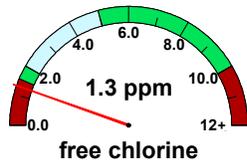
**RECREATIONAL HEALTH - Public Pool - Additional Spa at Facility**

Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not be suspended or revoked.

**98**  
SCORE

Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional reinspection at a charge of \$ 4.08 per 1 minute with a minimum time of 30 minutes, and a minimum charge of \$122.50.

Ideal
In Compliance
Not in Compliance



temperature (°F)	102.0
observed flow (gpm)	60
required flow (gpm)	No Data
volume (gal)	No Data
area (sq ft)	No Data
occupancy	No Data

**IMPORTANT: Replacement of Suction Outlet Covers**  
Suction Outlet covers (anti-entrapment covers over main drains and skimmer equalizer outlets) shall be replaced upon expiration. The expiration (in years) is stamped on the front of each cover, indicating the amount of time the cover is valid after installation. Each replacement cover shall:

1. Meet the latest ANSI/APSP-16 performance standard
2. Be rated for the maximum designed flow-rate of the pump

Retain all records which indicate the make/model number of the replacement cover and date of installation. Records shall be made available to your inspector upon request.

**36K527 Safety – Safety signs**

<b>POINTS</b> <b>1</b>	Compliance Date: Not Specified	<b>Inspector Comments:</b> Provide the number of the nearest emergency services and the name and street address of the pool facility with numbers and text not less than 1 inch (25 mm). Not observed at time of inspection.
	Not In Compliance	
	Violation Reference - CCR - 3120B	

**Violation Description:** All signs shall have clearly legible letters or numbers not less than 4 inches high, unless otherwise required, affixed to a wall, pole, gate or similar permanent structure in a location visible to all pool users. The following shall be posted:

- a) Maximum number of pool users permitted for each pool.
- b) ""NO DIVING"" at pools with a maximum water depth of 6 feet or less.
- c) Where no lifeguard service is provided, a warning sign shall be posted stating, ""WARNING: NO LIFEGUARD ON DUTY."" The sign also shall state in letters at least 1 inch high, ""Children under the age of 14 shall not use pool without a parent or adult guardian in attendance.""
- d) An illustrated diagram with text at least 1/4 inch high of artificial respiration and CPR procedures.
- e) The emergency telephone number 911 with numbers not less than 4 inches (102mm), the number of the nearest emergency services and the name and street address of the pool facility with numbers and text not less than 1 inch (25 mm) shall be posted.
- f) A warning sign for spa pools with ""CAUTION"" language.
- g) Where pools were constructed for which lighting was not required, a sign shall be posted at each pool entrance on the outside of the gate(s) stating, ""NO USE OF POOL ALLOWED AFTER DARK.""
- h) A sign shall be posted on the exterior side of gates and doors leading into the pool enclosure area stating, ""KEEP GATE CLOSED"" or ""KEEP DOOR CLOSED"".
- i) A sign in letters at least 1 inch high and in a language or diagram that is clearly stated shall be posted at the entrance area of a public pool which states that persons having currently active diarrhea or who have had active diarrhea within the previous 14 days shall not be allowed to enter the pool water.
- j) A sign in letters at least 1 inch high shall be posted that describes the requirements for wave pools.
- k) A sign shall be posted at each spray ground and be visible from any part of the spray ground that states, ""CAUTION: WATER IS RECIRCULATED. DO NOT DRINK.""



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LOCATION <b>9350 MONTE VISTA , MONTCLAIR, CA 91763</b>	INSPECTOR <b>Nicole Walker</b>

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**36K576 Maintenance – Operation/Incident records**

<b>POINTS</b>  <b>1</b>	Compliance Date: <b>Not Specified</b>	<b>Inspector Comments:</b> Provide daily records. Not observed at time of inspection.
	<b>Not In Compliance</b>	
	Violation Reference - <b>HSC - 65523</b>	

**Violation Description:** The pool operator shall maintain a written daily record of all test results, equipment readings, calibrations, and corrective action taken at the public pool site. [This includes daily records of pH, disinfectant level, and water temperature. If used, cyanuric acid concentration shall be tested monthly.]

If a fecal, vomit, blood contamination, near-drowning, or drowning incident occurs in a pool, the pool operator shall record the incident in accordance with the requirements of [Health and Safety Code] section 65546 and shall identify the affected public pool in the incident record if there is more than one pool at the public pool site. This record shall be maintained at the public pool site.

**Overall Inspection Comments**

No summary comments have been made for this inspection.

**Signature(s) of Acknowledgement**

NAME:  
 TITLE:

Total # of Images: 0