



**County of San Bernardino • Department of Public Health  
Division of Environmental Health Services  
COMMUNITY ENVIRONMENTAL HEALTH PROGRAM  
RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

**(800) 442-2283**

[www.sbcounty.gov/dehs](http://www.sbcounty.gov/dehs)

|  |                            |                                |                              |                   |  |                                       |  |
|--|----------------------------|--------------------------------|------------------------------|-------------------|--|---------------------------------------|--|
| FACILITY NAME<br><b>SUPER 8 MOTEL</b>                        |                            |                                |                              |                   | DATE<br><b>5/10/2013</b>                               | SIGNATURE                             |  |
| LOCATION<br><b>170 COOLWATER LN, BARSTOW, CA 92311</b>       |                            |                                |                              |                   | REINSPECTION DATE<br><b>11/10/2013</b>                 | PERMIT EXPIRATION<br><b>2/28/2014</b> |  |
| MAILING ADDRESS<br><b>170 COOLWATER LN, BARSTOW CA 92311</b> |                            |                                |                              |                   | REHS<br><b>Kathy Taylor</b>                            |                                       |  |
| FA #<br><b>FA0006125</b>                                     | PR #<br><b>PR0014888</b>   | SR #<br><b>Not Specified</b>   | CO #<br><b>Not Specified</b> | PE<br><b>3601</b> | PROGRAM IDENTIFIER: Pool                               |                                       |  |
| TIME IN<br><b>8:30 AM</b>                                    | TIME OUT<br><b>9:00 AM</b> | CONTACT<br><b>Not Captured</b> |                              |                   | SERVICE: 001 - Inspection - Routine                    |                                       |  |
|  |                            |                                |                              |                   | RESULT: 03 - Corrective Action / No Follow up Required |                                       |  |
|  |                            |                                |                              |                   | ACTION: 01 - No Further Action Required                |                                       |  |

**RECREATIONAL HEALTH - PUBLIC POOL/SPA**

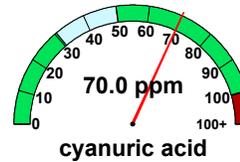
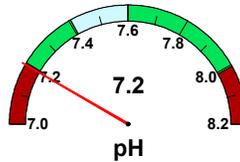
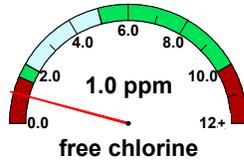
Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not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

**92**

SCORE

Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional reinspection at a charge of \$61.25 per 15 minutes with a minimum time of 30 minutes, and a minimum charge of \$122.50.

|                   |
|-------------------|
| Ideal             |
| In Compliance     |
| Not in Compliance |



|                     |         |
|---------------------|---------|
| temperature (F)     | No Data |
| observed flow (gpm) | No Data |
| required flow (gpm) | 50      |
| volume (gal)        | 18,200  |
| area (sq ft)        | 600     |
| occupancy           | 30      |

**36K402 Water Quality - Critical - Lack of Disinfectant**

**⚠ CRITICAL ⚠**

|                           |                                   |   |
|---------------------------|-----------------------------------|---|
| <b>POINTS</b><br><b>4</b> | Compliance Date: Not Specified    | <b>Inspector Comments:</b> Raise chlorine level slightly; observed free chlorine level at 1.0 ppm today - the minimum required residual is 1.5 ppm. |
|                           | Not In Compliance                 |   |
|                           | Violation Reference - CCR - 65529 |   |

**Violation Description:** For pools using hypochlorite or gaseous chlorine without a stabilizer, a free chlorine residual at least 1.0 ppm shall be maintained throughout the pool. If cyanuric acid or a chlorinated isocyanurate is used, a free chlorine residual of at least 1.5 ppm shall be maintained throughout the pool.

**36K448 Equipment - Flow Meter**

|                           |                                   |  |
|---------------------------|-----------------------------------|--|
| <b>POINTS</b><br><b>2</b> | Compliance Date: Not Specified    | <b>Inspector Comments:</b> Repair stuck flowmeter; unable to read flow. Repair and ensure flowmeter reads about 50 gpm, the minimum required flow for this pool. |
|                           | Not In Compliance                 |  |
|                           | Violation Reference - CCR - 3125B |  |

**Violation Description:** A flow meter shall be provided on each recirculation system accurate to within 10 percent of flow.

**36K460 Skimmers - Requirements**

|                           |  |   |
|---------------------------|--|---|
| <b>POINTS</b><br><b>2</b> | Compliance Date: Not Specified           | <b>Inspector Comments:</b> Provide missing check valve in equalizer line (in skimmer under float assembly); observed missing check valve.<br><br>Unable to remove basket from skimmer at deep end. Please ensure all skimmer parts are present:<br>--float assembly<br>--check valve in equalizer line. |
|                           | Not In Compliance                        |   |
|                           | Violation Reference - CCR - 65533, 3136B |   |

**Violation Description:** Skimmers and water levels shall be maintained and operated to remove floating scum, sputum or debris continuously. The skimmer shall be recessed into the pool wall, individually adjustable for the rate of flow with either an external or internal device, provided with an air lock protective device and provided with a removable and cleanable screen or basket to trap objects.

**Overall Inspection Comments**



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| LOCATION<br><b>170 COOLWATER LN, BARSTOW, CA 92311</b> |                          | REHS<br><b>Kathy Taylor</b> |

Provide direction arrows on piping to show direction of water flow.

See flyer for new required signs. This will be in effect for the next pool season (2014).

In the meantime, it is suggested you provide these two required signs:

- diarrhea warning sign near pool entry
- "Keep Closed" posted on exterior of gate.

Pool pH at lowest legal limit of 7.2. Raise pH to the optimum 7.4-7.6 range. Correct pH level will help preserve pool shell and equipment as well as protect bathers from acidic water.

Thank you

**Photo Attachments:**

No Photo Attachments