



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

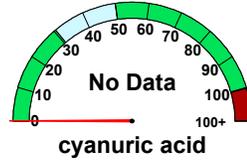
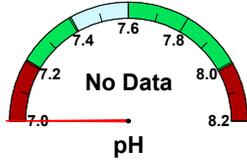
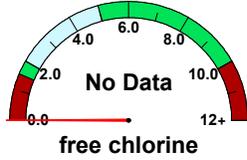
[www.sbcounty.gov/dph/dehs](http://www.sbcounty.gov/dph/dehs)

**(800) 442-2283**

|  |                             |                                |                              |                   |   |  |  |
|--|-----------------------------|--------------------------------|------------------------------|-------------------|---|--|--|
| FACILITY NAME<br><b>LAS BRISAS FONTANA HOA</b>   |                             |                                |                              |                   | DATE<br><b>6/9/2014</b>                   | SIGNATURE                              |  |
| LOCATION<br><b>9240 DATE ST, FONTANA, CA 92335</b>   |                             |                                |                              |                   | REINSPECTION DATE<br><b>Not Specified</b> | PERMIT EXPIRATION<br><b>10/31/2014</b> |  |
| MAILING ADDRESS<br><b>3756 TIBBETTS ST, RIVERSIDE CA 92506</b>   |                             |                                |                              |                   | REHS<br><b>Chaz Harrison</b>              |  |  |
| <input type="checkbox"/> FACILITY <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> ACCOUNT |                             |                                |                              |                   | PROGRAM IDENTIFIER: Pool                  |  |  |
| FA #<br><b>FA0008400</b>   | PR #<br><b>PR0015763</b>    | SR #<br><b>Not Specified</b>   | CO #<br><b>Not Specified</b> | PE<br><b>3620</b> | SERVICE: 008 - INSPECTION - ATTEMPTED     |  |  |
| TIME IN<br><b>10:11 AM</b>   | TIME OUT<br><b>10:14 AM</b> | CONTACT<br><b>Not Captured</b> |                              |                   | RESULT: 00 - NOT APPLICABLE               |  |  |
|  |                             |                                |                              |                   | ACTION: 00 - NOT APPLICABLE               |  |  |

**RECREATIONAL HEALTH - Public Pool - Initial Pool at Facility**

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



|                     |         |
|---------------------|---------|
| temperature (F)     | No Data |
| observed flow (gpm) | No Data |
| required flow (gpm) | No Data |
| volume (gal)        | No Data |
| area (sq ft)        | No Data |
| occupancy           | No Data |

**36K952 Drained Pool or Spa Inspection**

|                                |                                |  |
|--------------------------------|--------------------------------|--|
| <b>POINTS</b><br><br><b>NA</b> | Compliance Date: Not Specified | Inspector Comments: Observed pool drained. |
|                                | Not In Compliance              |  |
|                                | Violation Reference - HSC      |  |

**Violation Description:** An inspection was conducted at this time on a drained pool or spa. Contact DEHS prior to filling with water and/or operating.

**Overall Inspection Comments**

No summary comments have been made for this inspection.

**Photo Attachments:**

No Photo Attachments