



**MOSQUITO AND VECTOR CONTROL - OFFICIAL INSPECTION REPORT**

FACILITY NAME <b>CASA LOMA APARTMENTS</b>				REINSPECTION DATE <b>Not Specified</b>	INSPECTOR <b>Ramiro Salazar</b>	DATE <b>9/22/2015</b>
LOCATION <b>1531 W RIALTO AV, FONTANA, CA 92335</b>				PERMIT EXPIRATION	IDENTIFIER: None	
TIME IN <b>10:30 AM</b>	TIME OUT <b>11:00 AM</b>	FACILITY ID <b>FA0005978</b>	RELATED ID <b>CO0052049</b>	PE <b>4043</b>	SERVICE: 004 - COMPLAINT - INITIAL RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED ACTION: 01 - NO FURTHER ACTION REQUIRED	

**MOSQUITO AND VECTOR CONTROL - Service Request - Other**

Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional inspection to be billed at the hourly rate as provided in the San Bernardino County Code, [Schedule of Fees](#).

Administrative Order to Show Cause (OSC): 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; otherwise the right to a hearing shall be deemed waived.

See the following pages for the code sections and general requirements that correspond to each violation listed below.

**No Violations Cited**

**Overall Inspection Comments**

9/22/15 INSPECTED HOME WITH REQUESTER. DID NOT SEE ANY MITES OR INSECTS PRESENT. I INSPECTED ALL THE ROOMS AND THE BALCONY FOR SIGNS OF MITES OR INSECTS. TOOK A SAMPLE FROM THE STICKY TRAP HANGING. IT WAS LATER IDENTIFIED AS GNATS. LET THE REQUESTER KNOW. RS

**Signature(s) of Acknowledgement**

NAME:  
TITLE:

Total # of Images: 0