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SAN BERNARDINO COUNTY

Public Health
Environmental Health Services

RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

FACILITY NAME	REINSPECTION DATE	INSPECTOR	DATE
YUCAIPA SWIMMING POOL	Not Specified	Mike Hernandez	5/25/2016

LOCATION	PERMIT EXPIRATION	
12385 7TH ST, YUCAIPA, CA 92399	7/31/2016	IDENTIFIER: Pool, Primary SERVICE: 001 - INSPECTION - ROUTINE

TIME IN	TIME OUT	FACILITY ID	RELATED ID	PE	
9:30 AM	10:30 AM	FA0006485	PR0014847	3620	RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE ACTION: 01 - NO FURTHER ACTION REQUIRED

RECREATIONAL HEALTH - Public Pool - Initial Pool at Facility

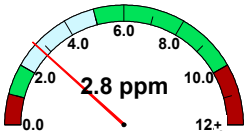
Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional inspection to be billed at the hourly rate as provided in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

100
SCORE

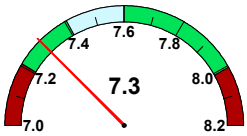
Administrative Order to Show Cause (OSC): The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not be suspended or revoked; otherwise the right to a hearing shall be deemed waived.

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

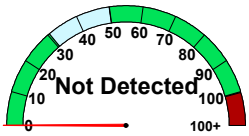
Ideal
In Compliance
Not in Compliance



free chlorine



pH



cyanuric acid

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

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.

No Violations Cited

Overall Inspection Comments

No summary comments have been made for this inspection.

Signature(s) of Acknowledgement

NAME:
TITLE:

Total # of Images: 0