



**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME <b>ARROWHEAD INN &amp; SUITES</b>				REINSPECTION DATE <b>Not Specified</b>	INSPECTOR <b>William Kirschman</b>	DATE <b>8/10/2016</b>
LOCATION <b>250 N 9TH ST, COLTON, CA 92324</b>				PERMIT EXPIRATION <b>7/31/2017</b>	IDENTIFIER: Pool	
TIME IN <b>1:10 PM</b>	TIME OUT <b>1:40 PM</b>	FACILITY ID <b>FA0008659</b>	RELATED ID <b>PR0014087</b>	PE <b>3620</b>	SERVICE: 001 - INSPECTION - ROUTINE	
				RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED		
				ACTION: 01 - NO FURTHER ACTION REQUIRED		

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

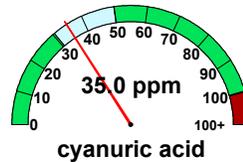
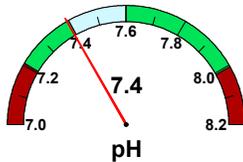
Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional inspection to be billed at the hourly rate as provided in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



temperature (°F)	No Data
observed flow (gpm)	No Data
required flow (gpm)	40
volume (gal)	No Data
area (sq ft)	No Data
occupancy	20

**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:

- Meet the latest ANSI/APSP-16 performance standard
- 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.

**36K990 Survey Inspection**

<b>POINTS</b> <b>NA</b>	Compliance Date: Not Specified	<b>Inspector Comments:</b> No violations at time of inspection.
	Not In Compliance	
	Violation Reference - SBCC - SBC Policy	

**Description:** A survey inspection was conducted on this date.

**Overall Inspection Comments**

No summary comments have been made for this inspection.

**Signature(s) of Acknowledgement**

NAME:  
TITLE:  
Total # of Images: 0