



RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

FACILITY NAME MAJESTIC MOOSE LODGE		DATE 9/9/2015	REINSPECTION DATE Not Specified	PERMIT EXPIRATION 5/31/2016
LOCATION 39328 BIG BEAR BL, BIG BEAR LAKE, CA 92315			INSPECTOR Sierra Clayborn	
MAILING ADDRESS PO BOX 1673, BIG BEAR LAKE CA 92315			IDENTIFIER: Pool	
<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT			SERVICE: 001 - INSPECTION - ROUTINE	
TIME IN 9:52 AM	TIME OUT 10:06 AM	FACILITY ID FA0006746	RELATED ID PR0014799	PE 3620
			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 reinspection at a charge of \$4.08 per 1 minute with a minimum time of 30 minutes, and a minimum charge of \$122.50.

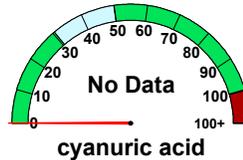
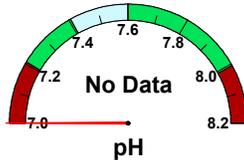
100

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)	50
volume (gal)	24,000
area (sq ft)	800
occupancy	40

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.

36K952 Drained Pool or Spa Inspection

POINTS NA	Compliance Date: Not Specified	Inspector Comments: Observed pool drained for the end of the season, lasting from approximately Memorial Day to Labor Day. Approximately 1 ft of water is left in the pool at the deep end, water clarity good. Person in charge on site stated that the pool is in the process of winterization.
	Not In Compliance	
	Violation Reference - HSC	

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.

Signature(s) of Acknowledgement

NAME:
TITLE:
Total # of Images: 0