



RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

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|---|----------------------------|---------------------------------|---|-------------------|---|--------------------------|
| FACILITY NAME SHADY TRAILS PARKHOUSE | | | REINSPECTION DATE Not Specified | | INSPECTOR Alex Soles | DATE 9/21/2016 |
| LOCATION 15977 PARKSIDE WY, FONTANA, CA 92336 | | | PERMIT EXPIRATION 8/31/2017 | | IDENTIFIER: Pool SERVICE: 003 - INSPECTION - FOLLOW UP INSPECTION RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE ACTION: 15 - PERMIT REINSTATED / FACILITY RE-OPEN | |
| TIME IN 2:45 PM | TIME OUT 3:25 PM | FACILITY ID FA0024697 | RELATED ID PR0032112 | PE 3620 | | |

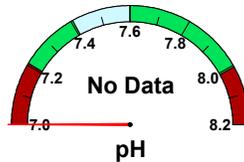
RECREATIONAL HEALTH - Public Pool - Initial Pool at Facility

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](#).

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) | 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.

36K992 Permit Reinstatement

| | | |
|----------------------------|--------------------------------|--|
| POINTS NA | Compliance Date: Not Specified | Inspector Comments: Pool was reopened. Pool closure signs were removed. |
| | Not In Compliance | |
| | Violation Reference - HSC | |

Description: The health permit to operate is hereby reinstated and facility may open.

36K994 Reinspection

| | | |
|----------------------------|--------------------------------|---|
| POINTS NA | Compliance Date: Not Specified | Inspector Comments: A follow up inspection is being conducted on this date regarding a swimming pool closure on 9-16-16. This pool was closed for electrical hazard. The manager indicated their electricians came out and replaced the ground fault circuit interrupter. The pool light switch was turned on and all of the pool lights were properly working. |
| | Not In Compliance | |
| | Violation Reference - HSC | |

Description: Reinspection conducted at this time to determine compliance from prior inspection.

Overall Inspection Comments

No summary comments have been made for this inspection.

Signature(s) of Acknowledgement

NAME:
TITLE:

Total # of Images: 0