



**Public Health**  
Environmental Health Services

www.SBCounty.gov

**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME RIDGELINE PARK APARTMENTS		DATE 5/7/2015	REINSPECTION DATE Not Specified	PERMIT EXPIRATION 11/30/2015
LOCATION 1925 COLLEGE AV, SAN BERNARDINO, CA 92407			INSPECTOR Chaz Harrison	
MAILING ADDRESS 1925 COLLEGE AV, SAN BERNARDINO, CA 92407			IDENTIFIER: Spa	
<input checked="" type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input type="checkbox"/> ACCOUNT			SERVICE: 001 - INSPECTION - ROUTINE	
TIME IN 12:32 PM	TIME OUT 1:04 PM	FACILITY ID FA0005924	RELATED ID PR0015808	PE 3623
			RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE	
			ACTION: 01 - NO FURTHER ACTION REQUIRED	

**RECREATIONAL HEALTH - Public Pool - Additional Spa at Facility**

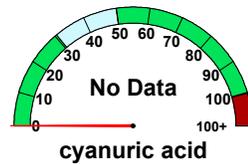
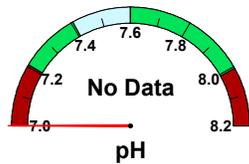
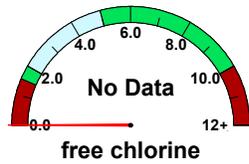
Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not be suspended or revoked.

**100**

SCORE

Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional reinspection at a charge of \$61.25 per 15 minutes with a minimum time of 30 minutes, and a minimum charge of \$122.50.

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:

- 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.

**36K952 Drained Pool or Spa Inspection**

<b>POINTS</b> <b>NA</b>	Compliance Date: Not Specified	Inspector Comments: Spa observed drained.
	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