



**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME <b>NEEDLES AQUATIC CENTER</b>				REINSPECTION <b>Not Specified</b>	INSPECTOR <b>Kelly Eredia</b>	DATE <b>8/2/2016</b>
LOCATION <b>1661 J DR, NEEDLES, CA 92363</b>				PERMIT <b>7/31/2016</b>	IDENTIFIER: Wading Pool	
TIME IN <b>11:08 AM</b>	TIME OUT <b>11:18 PM</b>	FACILITY ID <b>FA0004407</b>	RELATED ID <b>PR0015313</b>	PE <b>3621</b>	SERVICE: 001 - INSPECTION - ROUTINE	
				RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED		
				ACTION: 01 - NO FURTHER ACTION REQUIRED		

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

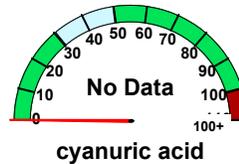
Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional inspection to be billed at the hourly rate as provided in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

<b>Ideal</b>
<b>In Compliance</b>
<b>Not in Compliance</b>



temperature (°F)	No Data
observed flow (gpm)	No Data
required flow (gpm)	43
volume (gal)	2,597
area (sq ft)	694
occupancy	34

**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

**36K952 Drained Pool or Spa Inspection**

<b>POINTS</b> <b>NA</b>	Compliance Date: <b>Not Specified</b>	<b>Inspector Comments:</b> Observed wading pool to be drained and not functional. Operator stated the pump for the wading pool no longer works and needs to be replaced. He stated the wading pool will not be open until next year/season. Contact the Department of Environmental Health at 800-442-2283 to schedule inspection once wading pool is reopened.
	<b>Not In Compliance</b>	
	Violation Reference - <b>HSC</b>	

**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**

Contact the Department of Environmental Health at 800-442-2283 to schedule inspection once wading pool is filled and reopened.

**Signature(s) of Acknowledgement**

NAME: Jennifer Valenzuela  
TITLE: Manager

Total # of Images: 0