



RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

FACILITY NAME SAN GORGONIO HIGH SCHOOL			DATE 9/10/2015	REINSPECTION DATE Next Routine	PERMIT EXPIRATION
LOCATION 2299 E PACIFIC ST, SAN BERNARDINO, CA 92404				INSPECTOR Sierra Clayborn	
MAILING ADDRESS 2299 E PACIFIC ST, SAN BERNARDINO, CA 92404			<input checked="" type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input type="checkbox"/> ACCOUNT IDENTIFIER: Deep Pool SERVICE: 001 - INSPECTION - ROUTINE RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED ACTION: 01 - NO FURTHER ACTION REQUIRED		
TIME IN 1:16 PM	TIME OUT 1:50 PM	FACILITY ID FA0006488	RELATED ID PR0016974	PE 3603	

RECREATIONAL HEALTH - Public School Pool / Spa

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.

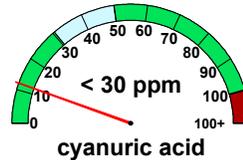
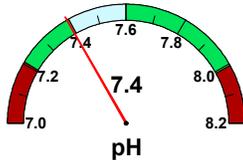
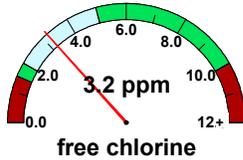
100

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)	250
required flow (gpm)	456
volume (gal)	218,700
area (sq ft)	3,240
occupancy	162

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.

No Violations Cited

Overall Inspection Comments

No summary comments have been made for this inspection.

Signature(s) of Acknowledgement

NAME: Charles Thomas Zylman
TITLE: Lead Pool Attendant

Total # of Images: 0