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SAN BERNARDINO COUNTY

Public Health
Environmental Health Services

# RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

| FACILITY NAME | REINSPECTION DATE | INSPECTOR | DATE |
|---|---|---|---|
| PLAZA AT SIERRA | Not Specified | Zareen Balandra | 9/14/2016 |

| LOCATION | PERMIT EXPIRATION | IDENTIFIER: Pool |
|---|---|---|
| 16999 ORANGE WY, FONTANA, CA 92335 | 12/31/2016 | SERVICE: 008 - INSPECTION - ATTEMPTED |

| TIME IN | TIME OUT | FACILITY ID | RELATED ID | PE | RESULT: 00 - NOT APPLICABLE |
|---|---|---|---|---|---|
| 3:15 PM | 3:44 PM | FA0018709 | PR0025166 | 3620 | ACTION: 00 - NOT APPLICABLE |

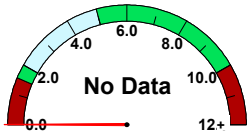
## RECREATIONAL HEALTH - Public Pool - Initial Pool at Facility

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.

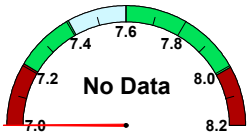
Administrative Order to Show Cause (OSC): The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not be suspended or revoked; otherwise the right to a hearing shall be deemed waived.

**See the following pages for the code sections and general requirements that correspond to each violation listed below.**

| |
|---|
| Ideal |
| In Compliance |
| Not in Compliance |



free chlorine



pH

cyanuric acid

| | |
|---|---|
| **temperature (°F)** | No Data |
| **observed flow (gpm)** | No Data |
| **required flow (gpm)** | 103 |
| **volume (gal)** | 37,209 |
| **area (sq ft)** | 1,103 |
| **occupancy** | 44 |

**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.

## 36K996 Attempted Inspection

**POINTS**
**NA**

**Compliance Date: Not Specified**
**Not In Compliance**
**Violation Reference - HSC**

**Inspector Comments:** Assigned reinspection for a previous closure (due to gate issue). Upon arrival, coincidentally, there was another inspection that took place earlier same day. Previous inspector re-opened the gate issue earlier in the day.

**Description:** An inspection was attempted today. Another inspection will be attempted at a later date.

## Overall Inspection Comments

No summary comments have been made for this inspection.

## Signature(s) of Acknowledgement

SNA

NAME:
TITLE:

**Total # of Images:** 0