



**Public Health**  
**Environmental Health Services**

**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME LA FITNESS		DATE 7/13/2015	REINSPECTION DATE Not Specified	PERMIT EXPIRATION 2/28/2016
LOCATION 16289 SIERRA LAKES PKWY, FONTANA, CA 92335			INSPECTOR Isaac Gebressie	
MAILING ADDRESS PO BOX 52110, IRVINE CA 92619-2110			IDENTIFIER: Spa	
<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT			SERVICE: 001 - INSPECTION - ROUTINE	
TIME IN 1:44 PM	TIME OUT 2:40 PM	FACILITY ID FA0016070	RELATED ID PR0021374	PE 3623
			RESULT: 05 - CORRECTIVE ACTION / FOLLOW UP REQU	
			ACTION: 13 - PERMIT SUSPENDED / FACILITY CLOSED	

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

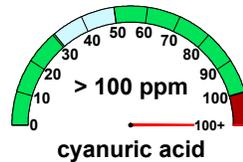
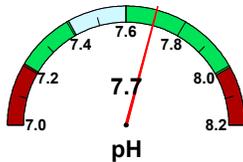
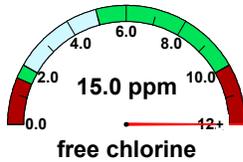
Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not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

**94**

SCORE

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.

Ideal
In Compliance
Not in Compliance



temperature (°F)	No Data
observed flow (gpm)	80
required flow (gpm)	74
volume (gal)	2,223
area (sq ft)	114
occupancy	11

**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.

**36K995 Permit - Suspension** ⚠ CRITICAL ⚠

<b>POINTS</b> <b>NA</b>	Compliance Date: Not Specified	<b>Inspector Comments:</b> Permit suspended until free chlorine concentration is corrected to approved level. Call 800-442-2283 for reopening inspection.
	Not In Compliance	
	Violation Reference - HSC	

**Violation Description:** Violation(s) observed pose an immediate threat to public health and safety. The health permit to operate is hereby suspended and the pool/spa ordered closed until the listed violation(s) have been corrected and verified by Environmental Health Services (EHS). The facility is to remain closed until permission from EHS is given. Contact your inspector at your local office to schedule a reinspection to reinstate the health permit. The facility is posted closed; do not move, hide, or remove the sign. Reopening of the pool/spa without the approval by EHS, may result in an hourly billable Professional Services fee.

**36K502 Water Quality - Critical – Disinfectant level** ⚠ CRITICAL ⚠

<b>POINTS</b> <b>5</b>	Compliance Date: Not Specified	<b>Inspector Comments:</b> Observed free chlorine level in spa water too high. Maintain level of chlorine in spa water as described below. (closure sign posted)
	Not In Compliance	
	Violation Reference - HSC - 65529	

**Violation Description:** The minimum concentration of disinfectant residual in public pools shall be 1.0 ppm free-chlorine without cyanuric acid or 2.0 ppm free-chlorine with cyanuric acid. The minimum concentration of disinfectant residual in public spas, wading pools, and spray grounds shall be 3.0 ppm free-chlorine. The maximum concentration of disinfectant residual shall be 10.0 ppm free-chlorine.

The minimum concentration of bromine residual in public pools shall be 2.0 ppm. The minimum concentration of bromine residual in public spas, wading pools, and spray grounds shall be 4.0 ppm.

A spray ground and water features with an ultraviolet light disinfection system shall be disinfected continuously at a minimum of 40 mJ/cm2 by the ultraviolet light disinfection units while the spray ground and water features are in use. If the ultraviolet dosage rate drops below 40 mJ/cm2 the operator shall close the spray ground and water features.



## Public Health

### Environmental Health Services

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#### 36K556 Equipment – Plumbing labeled

**POINTS**  
**1**

Compliance Date: Not Specified  
Not In Compliance  
Violation Reference - CCR 24 -  
3120B

**Inspector Comments:** Provide symbols like arrows on recirculation pipes to indicate flow direction. Observed missing.

**Violation Description:** The direction of flow for the recirculation equipment shall be labeled clearly with directional symbols such as arrows on all piping in the equipment area. Where the recirculation equipment for more than one pool is located on site, the equipment shall be marked as to which pool the system serves. Valves and plumbing lines shall be labeled clearly with the source or destination descriptions.

#### Overall Inspection Comments

No summary comments have been made for this inspection.

#### Signature(s) of Acknowledgement

A handwritten signature in blue ink, appearing to be "Aracely".

NAME: Aracely  
TITLE: Front desk

Total # of Images: 0