385 N. ARROWHEAD AVE, SAN BERNARDINO, CA 92415-0160 | Phone: 800.442.2283 Fax: 909.387.4323

www.SBCounty.gov

SAN BERNARDINO COUNTY

Public Health

Environmental Health Services

RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

FACILITY NAME	DATE	REINSPECTION DATE	PERMIT EXPIRATION
CARMEL APARTMENTS	5/7/2015	Not Specified	2/28/2016

LOCATION	INSPECTOR
10850 CHURCH ST, RANCHO CUCAMONGA, CA 91730	Dior Porter

MAILING ADDRESS: 10850 CHURCH ST, RANCHO CUCAMONGA, CA 91730 ☑FACILITY ☐OWNER ☐ACCOUNT

IDENTIFIER: Pool
SERVICE: 001 - INSPECTION - ROUTINE
RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE
ACTION: 01 - NO FURTHER ACTION REQUIRED

TIME IN	TIME OUT	FACILITY ID	RELATED ID	PE
11:23 AM	11:45 AM	FA0011840	PR0013593	3620

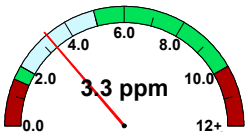
RECREATIONAL HEALTH - Public Pool - Initial Pool at Facility

Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. 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.

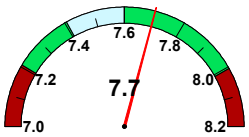
Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional reinspection at a charge of $ 61.25 per 15 minutes with a minimum time of 30 minutes, and a minimum charge of $122.50.

99
SCORE

Ideal
In Compliance
Not in Compliance



free chlorine



pH

cyanuric acid

temperature (°F)	No Data
observed flow (gpm)	70
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:
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.

36K527 Safety – Safety signs

POINTS 1

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

Inspector Comments: Missing a sign that restricts pool use when someone has active diarrhea. Please post the required sign.

Violation Description: All signs shall have clearly legible letters or numbers not less than 4 inches high, unless otherwise required, affixed to a wall, pole, gate or similar permanent structure in a location visible to all pool users. The following shall be posted:

a) Maximum number of pool users permitted for each pool.
b) ""NO DIVING"" at pools with a maximum water depth of 6 feet or less.
c) Where no lifeguard service is provided, a warning sign shall be posted stating, ""WARNING: NO LIFEGUARD ON DUTY."" The sign also shall state in letters at least 1 inch high, ""Children under the age of 14 shall not use pool without a parent or adult guardian in attendance.""
d) An illustrated diagram with text at least 1/4 inch high of artificial respiration and CPR procedures.
e) The emergency telephone number 911 with numbers not less than 4 inches (102mm), the number of the nearest emergency services and the name and street address of the pool facility with numbers and text not less than 1 inch (25 mm) shall be posted.
f) A warning sign for spa pools with ""CAUTION"" language.
g) Where pools were constructed for which lighting was not required, a sign shall be posted at each pool entrance on the outside of the gate(s) stating, ""NO USE OF POOL ALLOWED AFTER DARK.""
h) A sign shall be posted on the exterior side of gates and doors leading into the pool enclosure area stating, ""KEEP GATE CLOSED"" or ""KEEP DOOR CLOSED"".
i) A sign in letters at least 1 inch high and in a language or diagram that is clearly stated shall be posted at the entrance area of a public pool which states that persons having currently active diarrhea or who have had active diarrhea within the previous 14 days shall not be allowed to enter the pool water.
j) A sign in letters at least 1 inch high shall be posted that describes the requirements for wave pools.
k) A sign shall be posted at each spray ground and be visible from any part of the spray ground that states, ""CAUTION: WATER IS RECIRCULATED. DO NOT DRINK.""

Overall Inspection Comments

NOTE: observed a small puddle of water in the equipment area. Investigate source and repair any leaks.

Signature(s) of Acknowledgement

385 N. ARROWHEAD AVE, SAN BERNARDINO, CA 92415-0160 | Phone: 800.442.2283 Fax: 909.387.4323

www.SBCounty.gov

Public Health

Environmental Health Services

RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

FACILITY NAME	DATE
CARMEL APARTMENTS	5/7/2015
LOCATION	INSPECTOR
10850 CHURCH ST, RANCHO CUCAMONGA, CA 91730	Dior Porter

NAME:
TITLE:

Total # of Images: 0