



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

**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME 24 HOUR FITNESS		DATE 8/6/2015	REINSPECTION DATE Not Specified	PERMIT EXPIRATION 11/30/2015
LOCATION 12155 CENTRAL AV, CHINO, CA 91709			INSPECTOR Hanan Megalla	
MAILING ADDRESS PO BOX 2409, CARLSBAD CA 92677			IDENTIFIER: Spa	
<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT			SERVICE: 001 - INSPECTION - ROUTINE	
TIME IN 1:50 PM	TIME OUT 2:26 PM	FACILITY ID FA0004662	RELATED ID PR0036103	PE 3623
			RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED	
			ACTION: 01 - NO FURTHER ACTION REQUIRED	

**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. 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.

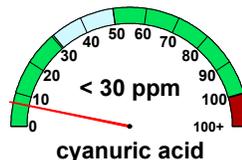
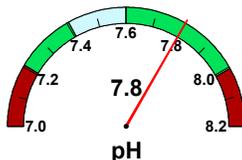
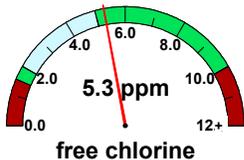
**100**

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)	80
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.

**No Violations Cited**

**Overall Inspection Comments**

No Violations observed at time of inspection.

**Signature(s) of Acknowledgement**

SNA

NAME: Signature Not Applicable  
 TITLE:

Total # of Images: 0