



RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

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|--|----------------------------|---------------------------------|--------------------------------|---|--|--------------------------|
| FACILITY NAME INN AT SILVER LAKES | | | | REINSPECTION DATE Not Specified | INSPECTOR Dawn LaFlower | DATE 1/14/2016 |
| LOCATION 14818 CLUBHOUSE DR, HELENDALE, CA 92342 | | | | PERMIT EXPIRATION | IDENTIFIER: None | |
| TIME IN 2:06 PM | TIME OUT 2:33 PM | FACILITY ID FA0007283 | RELATED ID CO0053074 | PE 3620 | SERVICE: 003 - INSPECTION - FOLLOW UP INSPECTION | |
| | | | | RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED | | |
| | | | | ACTION: 01 - NO FURTHER ACTION REQUIRED | | |

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.

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



| | |
|---------------------|---------|
| temperature (°F) | No Data |
| observed flow (gpm) | No Data |
| 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.

36K994 Reinspection

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|----------------------------|--------------------------------|--|
| POINTS NA | Compliance Date: Not Specified | Inspector Comments: Reinspection to determine compliance from complaint inspection conducted on 1/8/16. Pool was observed with heavy debris and algae. Water observed cleaned of algae and debris with slight cloudiness with pool equipment functioning. |
| | Not In Compliance | |
| | Violation Reference - HSC | |

Description: Reinspection conducted at this time to determine compliance from prior inspection.

Overall Inspection Comments

Closing complaint

Signature(s) of Acknowledgement

NAME:
TITLE:

Total # of Images: 0