



**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME <b>RED ROOF INN</b>			REINSPECTION DATE <b>Not Specified</b>	INSPECTOR <b>Melissa Nano</b>	DATE <b>10/28/2015</b>
LOCATION <b>13409 MARIPOSA RD, VICTORVILLE, CA 92392</b>			PERMIT EXPIRATION <b>6/30/2016</b>	IDENTIFIER: North Spa SERVICE: 001 - INSPECTION - ROUTINE RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED ACTION: 01 - NO FURTHER ACTION REQUIRED	
TIME IN <b>3:59 PM</b>	TIME OUT <b>4:16 PM</b>	FACILITY ID <b>FA0004486</b>	RELATED ID <b>PR0013927</b>	PE <b>3623</b>	

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

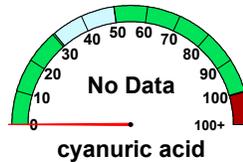
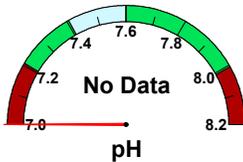
Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional inspection to be billed at the hourly rate as provided in the San Bernardino County Code, [Schedule of Fees](#).

**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)	No Data
required flow (gpm)	27
volume (gal)	809
area (sq ft)	50
occupancy	5

**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:

- Meet the latest ANSI/APSP-16 performance standard
- 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.

**36K952 Drained Pool or Spa Inspection**

**POINTS**  
**NA**

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

**Inspector Comments:**  
Observed spa nearly drained. Observed approximately a foot of water in pool. Pump is turned off. Operator states they have decided on not using it until Summer season.

Ensure pool is completely drained to avoid a green pool and mosquito breeding. Maintenance began draining spa.

Contact DEHS prior to refilling of water.

**Description:** An inspection was conducted at this time on a drained pool or spa. Contact DEHS prior to filling with water and/or operating.

**Overall Inspection Comments**

If there are any questions, please contact Environmental Health Services or Melissa Nano at (800) 442-2283.

**Signature(s) of Acknowledgement**

NAME: Stephanie Berger  
TITLE:

Total # of Images: 0