



Public Health
Environmental Health Services

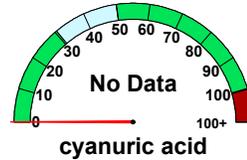
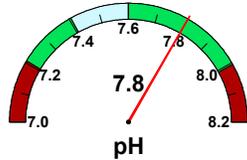
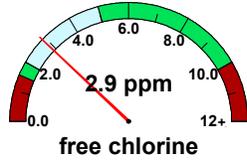
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RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

FACILITY NAME QUAIL SPRINGS VILLAGE		DATE 6/12/2015	REINSPECTION DATE Not Specified	PERMIT EXPIRATION 1/31/2016
LOCATION 62220 VERBENA AV 31, JOSHUA TREE, CA 92252			INSPECTOR Anies Kondoker	
MAILING ADDRESS PO BOX 190, WILDOMAR CA 92595		<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT IDENTIFIER: Spa SERVICE: 003 - INSPECTION - FOLLOW UP INSPECTION RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE ACTION: 15 - PERMIT REINSTATED / FACILITY RE-OPEN		
TIME IN 8:49 AM	TIME OUT 9:14 AM	FACILITY ID FA0006613	RELATED ID PR0013749	PE 3623

RECREATIONAL HEALTH - Public Pool - Additional Spa at Facility

Ideal
In Compliance
Not in Compliance



temperature (°F)	104.0
observed flow (gpm)	No Data
required flow (gpm)	64
volume (gal)	1,923
area (sq ft)	95
occupancy	10

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.

36K992 Permit Reinstatement

POINTS NA	Compliance Date: Not Specified	Inspector Comments: _____
	Not In Compliance	
	Violation Reference - HSC	

Description: The health permit to operate is hereby reinstated and facility may open.

36K994 Reinspection

POINTS NA	Compliance Date: Not Specified	Inspector Comments: _____
	Not In Compliance	
	Violation Reference - HSC	

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

Overall Inspection Comments

Correct the remaining violations listed on the routine inspection report.

Observed new safety signs.

Signature(s) of Acknowledgement

NAME:
TITLE:
Total # of Images: 0