



**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME <b>SHADY TRAILS PARKHOUSE</b>		REINSPECTION DATE <b>Not Specified</b>	INSPECTOR <b>Lizeth Lopez</b>	DATE <b>9/16/2016</b>
LOCATION <b>15800 S PARK LN, FONTANA, CA 92336</b>		PERMIT EXPIRATION <b>3/31/2017</b>	IDENTIFIER: Spa SERVICE: 001 - INSPECTION - ROUTINE RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE ACTION: 01 - NO FURTHER ACTION REQUIRED	
TIME IN <b>1:34 PM</b>	TIME OUT <b>2:04 PM</b>	FACILITY ID <b>FA0014449</b>	RELATED ID <b>PR0019094</b>	PE <b>3623</b>

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

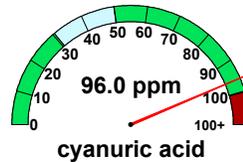
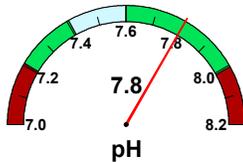
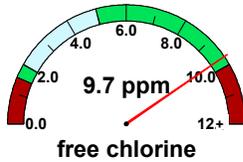
Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional inspection to be billed at the hourly rate as provided in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

**97**  
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)	100.5
observed flow (gpm)	No Data
required flow (gpm)	148
volume (gal)	4,435
area (sq ft)	219
occupancy	21

**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**

<b>POINTS</b> <b>1</b>	Compliance Date: <b>Not Specified</b>	<b>Inspector Comments:</b> Observed diarrhea sign on the ground.
	<b>Not In Compliance</b>	
	Violation Reference - <b>CCR - 3120B</b>	Ensure diarrhea sign is visible to the public.

**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.""

**36K552 Equipment - Flow meter provided**

<b>POINTS</b> <b>1</b>	Compliance Date: <b>Not Specified</b>	<b>Inspector Comments:</b> Observed non-functional flow meter.
	<b>Not In Compliance</b>	
	Violation Reference - <b>CCR 24 - 3125B.3</b>	Repair or replace flow meter. Ensure flow rate meets the turnover time requirements.

**Violation Description:** A flow meter shall be provided on each recirculation system accurate to within 10 percent of flow and installed according to the manufacturer's written instructions with increments in the range of normal flow.



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**36K564 Structure – Depth and safety markers**

<b>POINTS</b>  <b>1</b>	Compliance Date: <b>Not Specified</b>	<b>Inspector Comments:</b> Observed faded depth markers at the spa water line.
	<b>Not In Compliance</b>	
	Violation Reference - <b>CCR - 3110B</b>	<u>Repair or replace depth markers in the spa.</u>

**Violation Description:** The water depth shall be clearly marked at the following locations:

1. Maximum depth; and
2. Minimum depth; and
3. Each end; and
4. Both sides at the shallowest and deepest part of the pool; and
5. At the break in the bottom slope between the shallow and deep portions of the pool (see also Section 3109B.3); and
6. Along the perimeter of the pool at distances not to exceed 25 feet (7620 mm).

For pool water depths 6 feet (1830 mm) or less no diving markers with the universal symbol of no diving, which is a red circle with a slash through it superimposed over the image of a diver, shall be installed on the deck directly adjacent to the depth markers.

**Overall Inspection Comments**

No summary comments have been made for this inspection.

**Signature(s) of Acknowledgement**

NAME: Mario Lopez  
TITLE: Facility Coordinator

Total # of Images: 0