



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

**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME <b>HOLIDAY INN EXPRESS &amp; SUITES</b>				DATE <b>7/31/2015</b>	REINSPECTION DATE <b>Not Specified</b>	PERMIT EXPIRATION <b>10/31/2014</b>
LOCATION <b>72535 TWENTYNINE PALMS HWY, TWENTYNINE PALMS, CA 92277</b>				INSPECTOR <b>Anies Kondoker</b>		
MAILING ADDRESS <b>8018 E SANTA ANA CANYON RD, ANAHEIM HILLS CA 92507</b>				IDENTIFIER: Spa		
TIME IN <b>2:46 PM</b>	TIME OUT <b>3:10 PM</b>	FACILITY ID <b>FA0023833</b>	RELATED ID <b>PR0031160</b>	PE <b>3623</b>	SERVICE: 001 - INSPECTION - ROUTINE RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE 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.

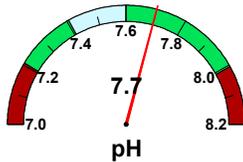
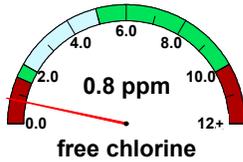
**98**

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)	No Data
volume (gal)	No Data
area (sq ft)	64
occupancy	6

**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.

**36K504 Water Quality – Non-Critical – Disinfectant level low**

<b>POINTS</b> <b>1</b>	Compliance Date: <b>Not Specified</b>	<b>Inspector Comments:</b> Measured free chlorine level below 3.0 ppm.
	<b>Not In Compliance</b>	Ensure to maintain free chlorine level between 3.0 and 10 ppm.
	Violation Reference - <b>HSC - 65529</b>	

**Violation Description:** The minimum concentration of disinfectant residual in public pools shall be 1.0 ppm free-chlorine without cyanuric acid or 2.0 ppm free-chlorine with cyanuric acid. The minimum concentration of disinfectant residual in public spas, wading pools, and spray grounds shall be 3.0 ppm free-chlorine. The maximum concentration of disinfectant residual shall be 10.0 ppm free-chlorine.

The minimum concentration of bromine residual in public pools shall be 2.0 ppm. The minimum concentration of bromine residual in public spas, wading pools, and spray grounds shall be 4.0 ppm.

**36K556 Equipment – Plumbing labeled**

<b>POINTS</b> <b>1</b>	Compliance Date: <b>Not Specified</b>	<b>Inspector Comments:</b> Observed recirculation equipment not labeled with direction of flow.
	<b>Not In Compliance</b>	Ensure to label recirculation equipment with directional symbols such as arrows on all piping.
	Violation Reference - <b>CCR 24 - 3120B</b>	

**Violation Description:** The direction of flow for the recirculation equipment shall be labeled clearly with directional symbols such as arrows on all piping in the equipment area. Where the recirculation equipment for more than one pool is located on site, the equipment shall be marked as to which pool the system serves. Valves and plumbing lines shall be labeled clearly with the source or destination descriptions.

**Overall Inspection Comments**

No summary comments have been made for this inspection.

**Signature(s) of Acknowledgement**



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NAME:  
TITLE:

**Total # of Images: 0**