



**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME <b>MOTEL 6 4731</b>				REINSPECTION DATE <b>Not Specified</b>	INSPECTOR <b>Shannon Johnson</b>	DATE <b>11/24/2015</b>
LOCATION <b>1560 E 4TH ST, ONTARIO, CA 91764</b>				PERMIT EXPIRATION <b>4/30/2016</b>	IDENTIFIER: Pool	
TIME IN <b>11:23 AM</b>	TIME OUT <b>11:33 AM</b>	FACILITY ID <b>FA0008580</b>	RELATED ID <b>PR0015174</b>	PE <b>3620</b>	SERVICE: 003 - INSPECTION - FOLLOW UP INSPECTION	
				RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED		
				ACTION: 15 - PERMIT REINSTATED / FACILITY RE-OPEN		

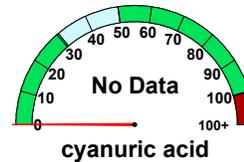
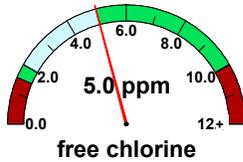
**RECREATIONAL HEALTH - Public Pool - Initial Pool at Facility**

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.

Ideal
In Compliance
Not in Compliance



temperature (°F)	No Data
observed flow (gpm)	No Data
required flow (gpm)	40
volume (gal)	16,500
area (sq ft)	545
occupancy	27

**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**

<b>POINTS</b> <b>NA</b>	Compliance Date: Not Specified	<b>Inspector Comments:</b>
	Not In Compliance	
	Violation Reference - HSC	

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

**36K994 Reinspection**

<b>POINTS</b> <b>NA</b>	Compliance Date: Not Specified	<b>Inspector Comments:</b> During the last routine inspection conducted on 5-29-15, this pool was closed due to an electrical hazard present (pool light socket had water inside of it), no measurable free chlorine within the pool water, gaps greater than four inches within the enclosure of this facility, and for having a single suction drain without any form of SVRS present.
	Not In Compliance	
	Violation Reference - HSC	

The SVRS has been repaired, the light has been repaired, the free chlorine level within the pool water was in compliance and the fencing issue was repaired on 5-30-15.

This facility may now open.

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

**Overall Inspection Comments**

No summary comments have been made for this inspection.

**Signature(s) of Acknowledgement**

SNC

NAME:  
TITLE:



**Public Health**  
Environmental Health Services

[www.SBCounty.gov](http://www.SBCounty.gov)  
[www.SBCounty.gov/dph/dehs](http://www.SBCounty.gov/dph/dehs)

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Total # of Images: 0