



**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME <b>BORDEAUX SB LLC</b>		REINSPECTION DATE <b>Not Specified</b>		INSPECTOR <b>John Babalola</b>	DATE <b>3/4/2016</b>
LOCATION <b>1025 N TIPPECANOE AV, SAN BERNARDINO, CA 92410</b>				PERMIT EXPIRATION	IDENTIFIER: None
TIME IN <b>11:19 AM</b>	TIME OUT <b>12:02 PM</b>	FACILITY ID <b>FA0004023</b>	RELATED ID <b>CO0053519</b>	PE <b>3620</b>	SERVICE: 004 - COMPLAINT - INITIAL RESULT: 05 - CORRECTIVE ACTION / FOLLOW UP REQU ACTION: 14 - PERMIT SUSPD / FACILITY CLOSED FENCI

**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)	No Data
volume (gal)	No Data
area (sq ft)	No Data
occupancy	No Data

**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.

**36K999 Complaint Inspection**

**POINTS**  
**NA**

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

**Inspector Comments:** Our department received a complaint that the pool water is milky and that the pool gate does not close properly. The pool water is not milky at the time of inspection. However, the spa bottom drain cover is missing. The East side pool gate is not self-latching at the time of inspection. Immediately replace the missing spa bottom drain cover and repair the gate to self-latch. The pool is hereby ordered closed until the missing bottom drain cover in the spa is replaced and the gate is repaired to self-latch. Call (800) 442-2283 or (909) 841-1550 for a re-inspection. Closed sign posted.

Spoke with Vanessa of the Management Company at (909) 798-7472 about the closure of the pool.

**Description:** A complaint report has been received by Environmental Health.

**Overall Inspection Comments**

The pool is hereby ordered closed until the missing bottom drain cover in the spa is replaced and the gate is repaired to self-latch. Call (800) 442-2283 or (909) 841-1550 for a re-inspection.

**Signature(s) of Acknowledgement**

*SNA*

NAME: SNA  
TITLE:

Total # of Images: 0