



**Public Health**  
Environmental Health Services

www.SBCounty.gov

**RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT**

FACILITY NAME <b>ONTARIO INN</b>		DATE <b>6/16/2015</b>	REINSPECTION DATE <b>Not Specified</b>	PERMIT EXPIRATION <b>6/30/2016</b>
LOCATION <b>5361 HOLT , MONTCLAIR, CA 91763</b>			INSPECTOR <b>Nicole Walker</b>	
MAILING ADDRESS <b>5361 HOLT , MONTCLAIR, CA 91763</b>			IDENTIFIER: Pool	
<input checked="" type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input type="checkbox"/> ACCOUNT			SERVICE: 001 - INSPECTION - ROUTINE	
TIME IN <b>2:45 PM</b>	TIME OUT <b>3:20 PM</b>	FACILITY ID <b>FA0008469</b>	RELATED ID <b>PR0015687</b>	PE <b>3620</b>
			RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP RE	
			ACTION: 01 - NO FURTHER ACTION REQUIRED	

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

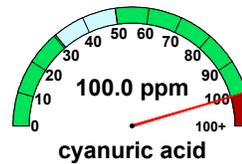
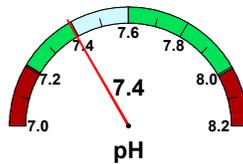
Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not be suspended or revoked.

**100**

SCORE

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.

Ideal
In Compliance
Not in Compliance



temperature (°F)	No Data
observed flow (gpm)	60
required flow (gpm)	17
volume (gal)	6,277
area (sq ft)	180
occupancy	9

**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.

**No Violations Cited**

**Overall Inspection Comments**

No summary comments have been made for this inspection.

**Signature(s) of Acknowledgement**

NAME:  
TITLE:

Total # of Images: 0