



Public Health
Environmental Health Services

RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

FACILITY NAME LA FITNESS		DATE 7/28/2015	REINSPECTION DATE Not Specified	PERMIT EXPIRATION 11/30/2015
LOCATION 9385 MONTE VISTA RD, MONTCLAIR, CA 91763			INSPECTOR Nicole Walker	
MAILING ADDRESS PO BOX 52110, IRVINE CA 92619			IDENTIFIER: Pool	
<input type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> ACCOUNT			SERVICE: 001 - INSPECTION - ROUTINE	
TIME IN 10:25 AM	TIME OUT 11:00 AM	FACILITY ID FA0008507	RELATED ID PR0014483	PE 3620
			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. 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.

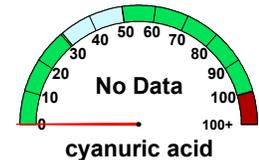
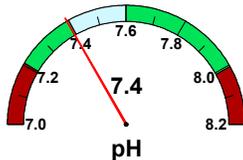
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SCORE

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)	86.0
observed flow (gpm)	110
required flow (gpm)	150
volume (gal)	54,000
area (sq ft)	1,800
occupancy	90

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.

36K556 Equipment – Plumbing labeled

POINTS 1	Compliance Date: Not Specified	Inspector Comments: Observed lack of labeling on recirculation system. 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.
	Not In Compliance	
	Violation Reference - CCR 24 - 3120B	

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

NAME:
 TITLE:
 Total # of Images: 0