



RECREATIONAL HEALTH - OFFICIAL INSPECTION REPORT

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|---|----------------------------|---------------------------------|--|---------------------------------|---|
| FACILITY NAME CAL STATE UNIVERSITY | | | REINSPECTION DATE Next Routine | INSPECTOR Tia Wilson | DATE 8/29/2016 |
| LOCATION 5500 UNIVERSITY PKWY, SAN BERNARDINO, CA 92407 | | | PERMIT EXPIRATION | IDENTIFIER: Coussoulis Old Pool | |
| TIME IN 9:40 AM | TIME OUT 9:50 AM | FACILITY ID FA0006500 | RELATED ID PR0014826 | PE 3603 | SERVICE: 001 - INSPECTION - ROUTINE |
| | | | | | RESULT: 01 - CORRECTIVE ACTION NOT REQUIRED |
| | | | | | ACTION: 01 - NO FURTHER ACTION REQUIRED |

RECREATIONAL HEALTH - Public School Pool / Spa

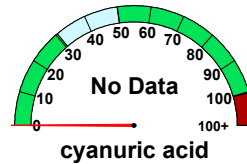
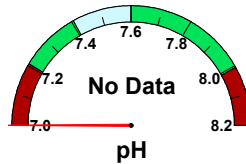
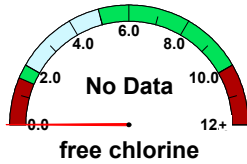
Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional inspection to be billed at the hourly rate as provided in the San Bernardino County Code, [Schedule of Fees](#).

100
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) | 83 |
| volume (gal) | 29,920 |
| area (sq ft) | No Data |
| occupancy | 50 |

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.

36K952 Drained Pool or Spa Inspection

| | | |
|----------------------------|--------------------------------|---|
| POINTS NA | Compliance Date: Not Specified | Inspector Comments: Observed pool drained. Building Services Engineer Supervisor stated that pool will be filled in at some point in the future. Ensure to contact Building & Safety prior to demolition of pool. Notify Environmental Health when pool is demolished or if pool is filled with water and put back in operation. |
| | Not In Compliance | |
| | Violation Reference - HSC | |

Description: An inspection was conducted at this time on a drained pool or spa. Contact DEHS prior to filling with water and/or operating.

Overall Inspection Comments

No summary comments have been made for this inspection.

Signature(s) of Acknowledgement

NAME: Marcel Bernal
TITLE: Building Engineer Supervisor

Total # of Images: 0