# **Spa Daily Inspection Records**

To be inspected/tested 1/2 hour before opening

Date:	Spa locat	tion/name:		
	Requirement	ts Time	Signature	
Emergency telephone properly	☐ Yes			
functioning	□ No			
First aid kit fully stocked	☐ Yes			
First aid kit fully stocked	□ No			
Ground current leakage detecting and	☐ Yes			
de-energizing device(s) activated	□ No			
If the spa has an inner horizontal dimension conveniently located for emergency u		erators shall ensure that	the following safety equipment is	
Non-conducting reaching pole on deck	☐ Yes			
	□ No			
Spine board on deck	☐ Yes			
Opine board on deck	□ No			
Buoyant throwing aid on deck	☐ Yes			
Buoyant throwing aid on deek	□ No			
Estimated number of bathers			mergencies, rescues, brea k washing, maintenance, che	
Water meter reading at the er (when applicable)	nd of day			
Make-up water added 15 L pe (for Spas with a volume > 4,0				
Spa drained and refilled (for volume ≤ 4,000 L) as per calc frequency	•			



### **Spa Daily Water Tests**

Tests shall be conducted every 1/2 hour before opening and every 4 hours for spas with an automatic sensing device or every 2 hours for spas without automatic sensing device.

Date:	S <sub>l</sub>	oa loca	tion/na	ame: _				
Time:								
Total Alkalinity (60 – 180 ppm)								
<b>pH</b> (7.2 - 7.8)								
Free Available Chlorine (5 – 10 ppm)								
Total Chlorine TC-FAC= combined chlorine(CC) When CC > 0.4 mg/L, take actions to reduce the level of CC (for example, super chlorination or water exchange)								
Total Bromine (5 – 10 ppm)								
Water clarity								
Temperature <40°C/104°F								
ORP (once a day) (600mV - 900mV)								
Operator's initials								

# **Spa Monthly Tests**

Year:	Spa location/name:	
real	Spa location/name	

Month	Water, gravity & suction outlet covers	Ground current leakage detecting and de- energizing devices (GFCI)	Emergency stop button	Vacuum release mechanism
January	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
February	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
March	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature

#### YORK REGION PUBLIC HEALTH



Month	Water, gravity & suction outlet covers	Ground current leakage detecting and de- energizing devices (GFCI)	Emergency stop button	Vacuum release mechanism
April	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
Мау	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
June	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
July	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
August	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken

#### YORK REGION PUBLIC HEALTH

1-800-361-5653 ext. 4 health.inspectors@york.ca



Month	Water, gravity & suction outlet covers	Ground current leakage detecting and de- energizing devices (GFCI)	Emergency stop button	Vacuum release mechanism
	Signature	Signature	Signature	Signature
September	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
October	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
November	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature
December	Date and Time	Date and Time	Date and Time	Date and Time
	Action taken	Action taken	Action taken	Action taken
	Signature	Signature	Signature	Signature

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