Spa Daily Inspection Records

To be inspected/tested 1/2 hour before opening

Date: Spa location/name:						
		Requiremer	nts	Time	Signature	
Water clarity		☐ Yes ☐ No				
Emergency telephone properly functioning		☐ Yes ☐ No				
First aid kit fully stocked		☐ Yes ☐ No				
Ground current leakage dete de-energizing device(s) active	•	☐ Yes ☐ No				
If the spa has an inner horizont conveniently located for em			erator	s shall ensure that th	e following safety equip	ment is
Non-conducting reaching pole or	Non-conducting reaching pole on deck					
Spine board on deck		☐ Yes ☐ No				
Buoyant throwing aid on deck		☐ Yes ☐ No				
Water meter reading at beginning of day	Water meter reading at end of day		brea		ergencies, rescues, pment, maintenance	
Estimated number of bathers						
Make-up water added 15 L per bather/day (for Spas with a volume > 4,000 L)		_				
Spa drained and refilled (for Spas with a volume ≤ 4,000 L) as per calculated frequency						



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



Spa Daily Water Chemistry 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:	Spa location/name:	
Time:		
Total Alkalinity 80 – 120 mg/L		
pH 7.2 - 7.8		
Free Available Chlorine 5 – 10 mg/L		
Total Chlorine TC-FAC= combined chlorine (CC) Shock treatment should be considered when combined chlorine reaches 0.2 mg/L or above		
Total Bromine 5 – 10 mg/L		
Water clarity		
Temperature <40°C/104°F		
O.R.P. (if applicable – take reading once a day) 600mV – 900mV		
Operator's initials		



Spa Monthly Tests

Year:	Spa location/name:
r car.	opa location/flame.

Month	Gravity & suction outlet covers	Ground current leakage detecting and de- energizing device(s)	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

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



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
May	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
	Signature	Signature	Signature	Signature



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



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

