

Spa daily inspection records

To be inspected/tested 1/2 hour before opening

Date: _____

Spa location: _____

	Requirements	Time	Signature
Water clarity	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency telephone properly functioning	<input type="checkbox"/> Yes <input type="checkbox"/> No		
First aid kit fully stocked	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Spa rule notice posted	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ground fault detector de-energizing device activated	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Spa tank drained	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Spa tank refilled	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If the spa has an inner horizontal dimension greater than three meters, the operators shall ensure that the following safety equipment is conveniently located for emergency use:			
Non-conducting reaching pole on deck	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Spine board on deck	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Buoyant throwing aid on deck	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Water meter reading		Records of any emergencies, rescues, or breakdowns of equipment, maintenance, chemicals added etc.; note the time:
Reading at beginning of day	Reading at end of day	
Make-up water added 15 L per bather/day		

Spa monthly test

Ontario Regulation 565, Section 16.1

Month	Inspection of gravity and suction outlet covers, etc.	Emergency stop button	Vacuum release mechanism	Ground fault circuit interrupter*
January	Month/day/year	Month/day/year	Month/day/year	Month/day/year
	Signature	Signature	Signature	Signature
	Action taken	Action taken	Action taken	Action taken
February	Month/day/year	Month/day/year	Month/day/year	Month/day/year
	Signature	Signature	Signature	Signature
	Action taken	Action taken	Action taken	Action taken
March	Month/day/year	Month/day/year	Month/day/year	Month/day/year
	Signature	Signature	Signature	Signature
	Action taken	Action taken	Action taken	Action taken
April	Month/day/year	Month/day/year	Month/day/year	Month/day/year
	Signature	Signature	Signature	Signature
	Action taken	Action taken	Action taken	Action taken
May	Month/day/year	Month/day/year	Month/day/year	Month/day/year
	Signature	Signature	Signature	Signature
	Action taken	Action taken	Action taken	Action taken
June	Month/day/year	Month/day/year	Month/day/year	Month/day/year
	Signature	Signature	Signature	Signature
	Action taken	Action taken	Action taken	Action taken
July	Month/day/year	Month/day/year	Month/day/year	Month/day/year
	Signature	Signature	Signature	Signature
	Action taken	Action taken	Action taken	Action taken
August	Month/day/year	Month/day/year	Month/day/year	Month/day/year
	Signature	Signature	Signature	Signature
	Action taken	Action taken	Action taken	Action taken
September	Month/day/year	Month/day/year	Month/day/year	Month/day/year
	Signature	Signature	Signature	Signature
	Action taken	Action taken	Action taken	Action taken
October	Month/day/year	Month/day/year	Month/day/year	Month/day/year
	Signature	Signature	Signature	Signature
	Action taken	Action taken	Action taken	Action taken
November	Month/day/year	Month/day/year	Month/day/year	Month/day/year
	Signature	Signature	Signature	Signature
	Action taken	Action taken	Action taken	Action taken
December	Month/day/year	Month/day/year	Month/day/year	Month/day/year
	Signature	Signature	Signature	Signature
	Action taken	Action taken	Action taken	Action taken

*Must be tested monthly or according to the manufacturer's instructions (whichever is more frequent)