

# Public Spa Record Keeping



## Daily Public Spa Records (Ontario Regulation 565)

Date	<input type="checkbox"/> Monday YYYY/MM/DD	<input type="checkbox"/> Tuesday YYYY/MM/DD	<input type="checkbox"/> Wednesday YYYY/MM/DD	<input type="checkbox"/> Thursday YYYY/MM/DD	<input type="checkbox"/> Friday YYYY/MM/DD	<input type="checkbox"/> Saturday YYYY/MM/DD	<input type="checkbox"/> Sunday YYYY/MM/DD
<b>Hours of operation</b>	Open: am/pm Close: am/pm	Open: am/pm Close: am/pm	Open: am/pm Close: am/pm	Open: am/pm Close: am/pm	Open: am/pm Close: am/pm	Open: am/pm Close: am/pm	Open: am/pm Close: am/pm

## Daily Spa Water Tests

½ hour before opening AND every 2 hour test without sensing device OR every 4 hour test with an automatic sensing device

	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
Total Alkalinity (80.0 ppm – 120.0 ppm)												
pH (7.2 – 7.8)												
Free Available Chlorine (5.0 ppm – 10.0 ppm)												
Total Chlorine												
Total Bromine (5.0 ppm – 10.0 ppm)												
Water Clarity												
Water Temperature Maximum ≤ 40°C												
Operator's Initials												

## Daily Spa Safety Records

<b>Emergency Telephone</b>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date YYYY/MM/DD	Operator's Signature
<b>Ground Fault Interrupter</b>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date YYYY/MM/DD	Operator's Signature
<b>First Aid Kit</b>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date YYYY/MM/DD	Operator's Signature
<b>Non-conducting Reaching Pole</b>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date YYYY/MM/DD	Operator's Signature
<b>2 Buoyant Throwing Aids with Adequate Rope</b>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date YYYY/MM/DD	Operator's Signature
<b>Spine Board</b>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date YYYY/MM/DD	Operator's Signature
<b>Estimated # of Bathers during operation:</b> _____	Make-up water meter reading end of day: _____	Make-up water added: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____	Oxidation Reduction Potential Value, if applicable: _____mV	Operator's Signature

### Additional Notes

(e.g. records of emergency breakdown, rescue equipment breakdown, back washing, chemical added manually, cleaning, etc.)

## Public Spa Monthly Tests

Month	Inspection of gravity and suction outlet covers, etc.	Ground fault circuit interrupter <small>Must be tested either monthly or according to the manufacturer's instructions, whichever is more frequent</small>	Emergency Stop Button <small>(if applicable)</small>
<b>January</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>February</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>March</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>April</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>May</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>June</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>July</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>August</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>September</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>October</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>November</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken
<b>December</b>	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
	Signature	Signature	Signature
	Action Taken	Action Taken	Action Taken

### Public Spa Maintenance Repairs and Replacements

Date	Deficiencies	Service Notes	Signature
YYYY/MM/DD			Signature
YYYY/MM/DD			Signature
YYYY/MM/DD			Signature
YYYY/MM/DD			Signature
YYYY/MM/DD			Signature
YYYY/MM/DD			Signature
YYYY/MM/DD			Signature
YYYY/MM/DD			Signature
YYYY/MM/DD			Signature
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