

Spa Daily Records

SPA DAILY RECORDS							
Check one box and write in today's date	<input type="checkbox"/> Monday MM/DD/YY	<input type="checkbox"/> Tuesday MM/DD/YY	<input type="checkbox"/> Wednesday MM/DD/YY	<input type="checkbox"/> Thursday MM/DD/YY	<input type="checkbox"/> Friday MM/DD/YY	<input type="checkbox"/> Saturday MM/DD/YY	<input type="checkbox"/> Sunday MM/DD/YY
Hours of Operations	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

SPA WATER TESTS												
Every 2 hour test without sensing device OR Every 4 hour test with an automatic sensing device												
1/2 hr. before opening	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 ppm – 120 ppm)												
pH (7.2 -7.8)												
Free Available Chlorine (5 ppm -10 ppm)												
Total Chlorine												
Total Bromine (5 ppm -10 ppm)												
Water Clarity												
Water Temperature Maximum $\leq 40^{\circ}\text{C}$												
Operator's Initials												

OTHER DAILY RECORDS				
Emergency Telephone	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date MM/DD/YY	Operator's Signature
Ground Fault Interrupter	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date MM/DD/YY	Operator's Signature
First Aid Kit	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date MM/DD/YY	Operator's Signature
Non-conducting Reaching Pole	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date MM/DD/YY	Operator's Signature
2 Buoyant throwing aids with adequate rope	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date MM/DD/YY	Operator's Signature
Spine Board	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Time am/pm	Date MM/DD/YY	Operator's Signature

Estimate # of Bathers during operation:	Make-up water meter reading end of the day:	Make- up water added: <input type="checkbox"/> No <input type="checkbox"/> Yes - Amount: _____	Oxidation Reduction Potential value (if applicable): _____mV
Records of emergency breakdown, rescue equipment breakdown, back washing, chemical added manually, cleaning, etc.			

Spa Monthly Records

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[illegible]

Spa Maintenance Repairs and Replacements

Spa Maintenance Repairs And Replacements			
DATE	DEFECTS	SERVICE NOTES	SIGNATURE