



Manchester Health Department  
 1528 Elm Street  
 Manchester, NH 03101  
 Tel: (603) 624-6466 / Fax: (603) 628-6004  
 Web Site: www.manchesternh.gov/health

**SPA, HOT TUB AND THERAPY POOL INSPECTION FORM**

Facility Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Manager: \_\_\_\_\_ Bather Load: \_\_\_\_\_  
 Date Inspected: \_\_\_\_\_ Inspected By: \_\_\_\_\_ CPO Certified: \_\_\_\_\_

**"X" in "NO" Column indicates a violation**

|   | YES   | NO    | REMARKS                                  |
|---|-------|-------|--|
| <b><u>WATER QUALITY</u></b>                               |       |       |  |
| * Chlorine or Bromine (2.0-10.0 ppm)                      | _____ | _____ |  |
| * pH (7.0 - 7.8)  | _____ | _____ |  |
| * Clarity --Deepest part visible                          | _____ | _____ |  |
| * Water temperature not above 104 <sup>o</sup> F          | _____ | _____ |  |
| Total alkalinity _____ (60-180)                           | _____ | _____ |  |
| <b><u>SAFETY STANDARDS</u></b>                            |       |       |  |
| * Unsupervised access by children prohibited              | _____ | _____ | **This will be required as of 12/31/2010 |
| * No hazards observed                                     | _____ | _____ |  |
| * Safety rules posted                                     | _____ | _____ |  |
| * Phone/radio within 200' of water/location posted        | _____ | _____ |  |
| * 24 Unit First Aid kit available                         | _____ | _____ |  |
| Dual Main Drains/Vacuum Release Systems                   | _____ | _____ |  |
| * Anti-entrapment drain covers (provided & secure)        | _____ | _____ |  |
| Clock visible to bathers                                  | _____ | _____ |  |
| * "Warning No Lifeguard On Duty" (4 inch letters)         | _____ | _____ |  |
| <b><u>CONSTRUCTION AND MAINTENANCE</u></b>                |       |       |  |
| Spa dimensions _____ Gallons _____                        |       |       | Actual GPM _____                         |
| Spa or tub surfaces smooth and cleanable                  | _____ | _____ |  |
| * Recirculation system properly working                   | _____ | _____ |  |
| - Flow meter present and working                          | _____ | _____ |  |
| - Appropriate turnover through filters                    | _____ | _____ |  |
| Required GPM _____  |       |       |  |
| - Filter present and working                              | _____ | _____ |  |
| * Chlorinator / Brominator present and working            | _____ | _____ |  |
| Hair strainer present and maintained                      | _____ | _____ |  |
| * Free of cross connections                               | _____ | _____ |  |
| * Water Quality Testing equipment provided and maintained | _____ | _____ |  |
| Required daily records maintained                         | _____ | _____ |  |
| <b><u>AREA SANITATION</u></b>                             |       |       |  |
| Swimming/bathing area clean                               | _____ | _____ |  |
| Covered waste receptacles provided                        | _____ | _____ |  |
| Towels disinfected and stored in sanitary manner          | _____ | _____ |  |
| Separate toilet facilities provided within 200'           | _____ | _____ |  |
| Toilet facilities clean & maintained                      | _____ | _____ |  |
| Shower facilities provided and maintained                 | _____ | _____ |  |

**\*NOTICE:** This inspection found a violation of section 91.42-44 of the City of Manchester Code of Ordinances. This violation must be corrected within \_\_\_\_\_. Failure to do so may result in the issuance of a citation.

\_\_\_\_\_  
 FACILITY MANAGER

\_\_\_\_\_  
 ENVIRONMENTAL HEALTH SPECIALIST