HASTINGS PRINCE EDWARD
Public Health

DAILY SPA LOG

Date _____

Facility Name _____

Note: Daily records shall be retained for a minimum of 1 year		**Half an hour before opening, then every hour**			**Daily**					**Weekly**	**Monthly**	
Operator initials	**Time**	**Free Available Chlorine or Total Bromine** 5.0 – 10 mg/l	**pH** 7.2 to 7.8	**Total Alkalinity** min. 80 mg/l	**Total Bathers**	**Make-up water meter reading**	**Test of emergency telephone**	**Test of ground current leakage device**	**Indicate if spa was drained, inspected & refilled**	**Cyanuric Acid** max. 150 mg/l	**Gravity & suction outlet covers inspected**	**Emergency stop button and vacuum release mechanisms tested**

Indicate each occurrence of an emergency, rescue or equipment break-down recording the incident and the action taken:

_____

_____

_____

_____

_____

_____

_____