## **Spa Pool Inspection Report**

Uniform Job Ref Number (not needed if put on HELA)	form)					nspecting nitials	office	r's		
Name of Premises										
Full Address of Premises (Not required if the form is attached to general P.I. forn	n)	hone N	0.							
Inspection Date				1	ous date of ction of spa					
Number of Spa Pools and if more than 1 pool	d names/l	ocations	3							
Operating at time of inspe	ection	Y / N		If No opera	– last date i ited	t				
People met during revie	w of Spa	a Pool (i	include	names a	and position	s)				
Managers/ Supervisors										
People who conduct daily	tests						-			
People who completed operations test paper	·									
Others										
Leaflets Left on Site		HS	C 14		To be left this year.	Other le	aflets	left		
Client				-						
Maintenance Contractor									W-P-V	
Water Treatment Contrac	ctor									
Action Taken & Proposed			T*****							
	Verbal advice given	Letter	S.21	S.22	If notice se Name & po	erved/to be osition of pe			ulted	
Client				·						
Maintenance Contractor										
Water Treatment Contractor										
Revisit Proposed	Y / N	Date	e of prop revisit?	oosed ?						

Responsible person			The state of the s		
Responsible Person					
(Name and position)					
Does the responsible person appear to have sufficient	evecutive authority to adec	ruately			
control the operation of the plant	datery	Y/N			
Are they located at site of spa	Y/N				
If not located at the site of the spa, do the day-to-day management arrangements appear to be satisfactory?	Y/N Not applicable				
Client Details  If you use this form during a HELA P.I. and all details need to enter client details – just enter see PI form	are same as front sheet of a	a P.I. form, tl	nere is no		
Principal Office address					
Principal Office Telephone Number			With the property of the second secon		
Water Treatment Contractor (complete name all cas	os other haves only when	o naodod)	The state of the second of the second		
Name of Company	ses – other boxes only when	e needed)			
Principal office address					
Main Contact and Tel No.					
QUESTIONNAIRE (attach completed questionnaire to this form)					
Were any questions on the self-audit form either:	no to uno tottiti				
not answered or		Y / N			
• answered in the negative?		- , • •			
(ignore unanswered questions if they were not applica	able to the spa)				

Use this	box to record	discussions relati	ng to negative a	answers to th	ne questionnaire	and other inspection
notes.						
					THE POPULATION OF THE POPULATI	

Risk Assessments		
Is there a risk assessment dealing with	Yes/No; Carried out by	
bacteriological risks, including legionella?	On;	
Is the assessment of biological risks suitable and		·
sufficient?	Yes/No ;Comments	
	1 conto , commente	
Is the risk assessment site specific?	Yes/No ;Comments	
Does the risk assessment make reference to the	Yes/No ; Comments	
plant and equipment?  Does the risk assessment detail the chemical		
dosing regime?	Yes/No ; Comments	
Does the risk assessment detail the testing		*****
regime in place?		
, regime in place.	Yes/No ; Comments	
Does the risk assessment comment about the on	Yes/No; Comments	
site documentation?	1 C3/140, COMMITCHES	
Does the risk assessment evaluate the	Yes/No; Comments	
effectiveness of the testing regime?		
Does the risk assessment comment on the training/competencies of site staff?	Yes/No; Comments	
Does the risk assessment make any		
recommendations.?	Yes/No; Comments	
Toommonadions.	1 33/113, 33/1/1/18	
Design and Installation		
Is the installation to a high standard? (Age?)	Yes/No ; Comments	
Is there access to clean the balance tank?	Yes/No Comments	
	res/No comments	
Is there access to adequately clean other parts of	Var (Na) Camana anta	
the spa pool pipework?	Yes/No; Comments	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Is the plant room easily accessible?	Yes/No Comments	
Is the filter size suitable for the installation, was it	Yes/No ;Comments	
reduced because of space limitations?	,	
Manual Handling	·	
Are there site specific manual handling	V 01 0	
assessments?	Yes/No; Comments	
Do these include;		
a) The load		
b) The Task	Yes/No ;Comments	
c) The environment		
d) Individual Capability		
Do the assessments make reference to	Vos/No: Commente	
elimination of the risk? (mechanical movement)	Yes/No; Comments	
Do the assessments make reference to Personal	Yes/No. Comments	
Protective Equipment and measures.	1 es/No. Comments	
Does the manual handling assessments appear to cover the main risk areas associated with spa	Yes/No; Comments	
נט כטעבו נוופ ווומווו וואל מוכמא מאאטטומנכט שונוז אטמ		

pool operation?	
Do the manual handling assessments appear to be suitable and sufficient?	Yes/No; Comments
COSHH Assessments	
Are the COSHH assessments site specific?	Yes/No; Comments
Does the assessment consider elimination or substitution?	Yes/No; Comments
Does the assessment deal with:  a) Quantities of chemicals  b) Storage of chemicals  c) Movement of Chemicals  d) Restrictions on use	Yes/No; Comments
Does the assessment refer to the Hazard Data sheet and particularly risks from accidental spillage, accidental mixing of chemicals etc?	Yes/No; Comments
Does the assessment refer to PPE and protective measures, dealing with'  a) individual issue b) storage c) maintenance d) training e) access to eye wash stations/funning water	Yes/No; Comment
Does the assessment deal with disposal of the redundant chemical drums and discharge of the chemicals to drain.	Yes/No; Comment
Are the COSHH assessments suitable and sufficient	Yes/No Action to be taken
Management and Training	

Does the documentation clearly shoroperation of the Spa pool?	w who is responsible for the	Yes/No; Cpmments	Yes/No
.Does it give details of the companie responsibilities for the safe operation		reserve, opininents	
Do the people who carry out routine maintenance appear to have been a and do they understand their respon	dequately trained and instruct	ted,	
(use the pre-prepared question set of carries out the daily checks as well a		<i>t</i> ho	
Log Book			
Since the risk assessment was car have the have the results of bacter been poor? (examine bacteriologic year)			
If poor results, was appropriate the time?	action taken at		
Do the logs show that the following t action is taken to deal with fault (exa			that appropriate remedial
рН			
oxidising biocide checks			
Backwash			
Drain and refill			
Disinfection- Spa			
Cleaning/disinfection- balance tank			
TVC's			
TDS/Conductivity			
Legionella			

Physical Inspection	
Is the pool kept clean and in good condition?	
Is the balance tank kept clean and in good condition (with no evidence of slimes)?	
Are the surrounds, overflow and gratings to the pool kept clean and in good condition with no evidence of slimes	
Is there safe means of access to the plant room?	
Does the size and layout of the plant room and the lighting enable people to carry out their tasks safely?	
Are there any obvious inadequately controlled electrical risks in the plant room	
O&M Manuals	
Is there an operation/maintenance manual kept or	n site?
Does it appear to be suitable (skim through a few	pages)
Do the written operation and maintenance proced kept readily available for those who need to use the	· · ·
Are they in a form that enables easy retrieval of ir a logical order in a folder with a contents section)	
Do those procedures clearly state the circumstant pool should be closed?	ces under which the
Do these procedures cover the discovery of Pseu or in the event of an outbreak of Legionnaires Dis	
Accidental release of Chlorine/Bromine gas	
Where Chlorine or Bromine compounds are use procedures in place to minimise the risk of release Chlorine/Bromine gas by the accidental mixing with the biocide and are emergency procedures occurs? *	ase of of acid compounds

Additional inspection notes (if any)	