

DOEHRS-IH EHM: GYM AND FITNESS CENTER SANITATION REPORT

1. FACILITY NAME:	2. FACILITY ADDRESS:	3. INSTALLATION:	4. START DATE (YYYYMMDD):	TIME (HH:MM):
			5. END DATE (YYYYMMDD):	TIME (HH:MM):

6. INSPECTOR <i>(Surveyor)</i>	a. Name <i>(Last, First, M.)</i> and Rank:	b. Phone:	c. Email:	d. Unit/Organization:
--	--	-----------	-----------	-----------------------

7. PERSON IN CHARGE (PIC)	a. Name <i>(Last, First, M.)</i> :	b. Phone:	c. Email:
----------------------------------	------------------------------------	-----------	-----------

8. CONTRACTOR OPERATED <i>(Select one)</i>	Yes	No	9. SWIMMING POOL PRESENT <i>(Select one)</i>	Yes	No	10. FOOD OPERATION PRESENT <i>(Select one)</i>	Yes	No
--	-----	----	--	-----	----	--	-----	----

11. INSPECTION TYPE <i>(Select one)</i>	a. Routine	b. Follow-Up	c. Complaint	d. Pre-Opening	e. Other <i>(Specify)</i> :
---	------------	--------------	--------------	----------------	-----------------------------

Item	Equipment	Yes	No	N/A	Item	Locker Rooms and Toilet Facilities (Continued)	Yes	No	N/A
1	Equipment of acceptable design and construction to prevent injury due to structural defects?				22	Nonskid, easy-to-clean, durable floor coverings that do not support bacterial growth?			
2	Equipment maintained in safe operating condition?				23	Toilet and shower facilities maintained in a clean sanitary condition free of plumbing defects?			
3	Common use items disinfected with a product approved by the medical authority and air-dried thoroughly between patrons?				24	Showers, locker room floors and benches, and toilet facilities should be cleaned and disinfected at least daily?			
4	Towels and issued athletic clothing laundered before being re-issued?				25	Whirlpool baths, steam cabinets, and other therapy-type equipment disinfected between users using an approved disinfecting solution and concentration?			
Item	Structural	Yes	No	N/A	Item	Saunas and Steam Rooms	Yes	No	N/A
5	Playing surfaces, running tracks, passageways, and other floors maintained free of spills, debris, uneven surfaces, protrusions and obstacles that may increase the potential for injury?				26	Equipment rinsed with potable water after disinfection?			
6	Walls and ceilings reasonably smooth, easily cleanable, light colored, and maintained in good repair?				27	Doors contain window(s) which allow observation of the entire room?			
7	Walls in close proximity to basketball and other similar spots suitably padded to reduce physical injury?				28	Adequate lighting?			
8	Mats and other cushioning devices adequately maintained, cleaned, and disinfected daily?				29	Walls, floors, and ceiling maintained in good repair?			
9	Athletic fields provided with adequate potable water supplies and convenient restroom facilities?				30	Benches constructed and installed to permit easy cleaning?			
10	Gymnasiums adequately illuminated for spectator or recreational sporting activities?				31	Saunas constructed of rot resistant synthetic woods?			
11	Lights adequately shielded to protect them from damage or breakage from projectiles?				32	Sauna floor covered with duckboards designed for easy removal and cleaning?			
12	Mercury vapor and halide bulbs equipped with self-extinguishing mechanisms or be completely enclosed by a shield that absorbs ultraviolet radiation?				33	Sauna benches maintained in good structural repair. Seating surfaces smooth without splintering, protruding nails, or other fasteners that may cause injury?			
13	Drinking fountains provided to accommodate staff, patrons, and spectators?				34	Steam rooms completely lined with impervious material which will not deteriorate under moist heat conditions?			
14	Drinking fountains cleaned daily?				35	Interior clean and free of debris, foul odors, or other unsanitary conditions?			
Item	Locker Rooms and Toilet Facilities	Yes	No	N/A	Item	Locker Rooms and Toilet Facilities	Yes	No	N/A
15	Shower/locker rooms fitted with adequate lockers, showers, water closets, urinals, and lavatories to accommodate the maximum capacity?				36	Cleaned and disinfected according to manufacturers' recommendations?			
16	Separate toilet facilities provided for male and female staff and spectators? Facilities physically separated from patron shower and locker rooms?				37	Thermostatic control device installed which prevents saunas and steam rooms from exceeding 200°F (93°C) and 120°F (49°C) respectively?			
17	Handwashing facilities provided with disposable paper towels and/or hand air dryers, and liquid, solid, or powdered soap?				38	Signs conspicuously posted listing rules for operation and use and informing people of potential health problems from heat stress?			
18	Suitable trash containers placed in all toilet and locker rooms?				39	If equipped with a door lock, the door cannot be locked from the inside the room but, if locked, can be easily opened from inside the room?			
19	Refuse containers emptied at sufficient intervals to prevent overflow of refuse?				40	Steam outlets, piping, and heaters shielded to prevent burns?			
20	Adequate ventilation and lighting?				41	If located in remote site, equipped with an alarm or equivalent system which can be activated by patron in an emergency?			
21	Ventilation clothing lockers?				This space left Blank				

DOEHRS-IH EHM: GYM AND FITNESS CENTER SANITATION REPORT

FACILITY

START DATE

Page 2 of ____

12. OVERALL REMARKS (Describe individual item deficiencies here)

--

13. INSPECTION RATING:

Satisfactory

Unsatisfactory

14. FOLLOW-UP REQUIRED:

Yes

No

15. FOLLOW UP NLT DATE:
(YYYYMMDD)**16. SIGNATURE:** *Signature on this form represents acknowledgment that the person in charge has been briefed on the deficiencies noted, corrective actions and timeframe to complete, the final inspection rating, and the date scheduled for follow-up inspection (unsatisfactory inspections only).*

a. Inspector Signature

b. DATE (YYYYMMDD):

c. Person in Charge
Signature

d. DATE (YYYYMMDD):