



HEALTH & FITNESS EXPOSURE INVENTORY FORM

| | |
|----------------|-----------------|
| Facility _____ | Inspector _____ |
| Location _____ | Date _____ |

INSPECTOR INSTRUCTIONS:

COMPLETING THE EXPOSURE INVENTORY CHECKLIST IS THE THIRD STEP IN FORMULATING AN EFFECTIVE HEALTH & FITNESS RISK MANAGEMENT PROCESS. IT IS INTENDED TO PROVIDE OUR CUSTOMERS WITH THE GENERAL INFORMATION NEEDED TO IDENTIFY AND QUANTIFY EXPOSURES PERTAINING TO THEIR SPECIFIC HEALTH & FITNESS CLUB. AFTER YOU HAVE TAKEN AN INVENTORY OF YOUR OPERATIONS/HAZARDS AND COMPLETED THIS FORM, CORRECTIVE ACTIONS SHOULD BE DEVELOPED TO ELIMINATE OR REDUCE THE EXPOSURE. IN ADDITION, A TARGET COMPLETION DATE SHOULD BE ESTABLISHED FOR EACH ACTION. EACH ACTION PLAN SHOULD BE REVIEWED AND APPROVED BY THE ACTING SAFETY COMMITTEE PRIOR TO IMPLEMENTATION.

INVENTORY OF EXPOSURES

Checkboxes highlighted in BLUE indicate that an EXPOSURE or HAZARD may be present. EXPOSURES identified should be evaluated to determine potential frequency or severity. Once the level of exposure is identified, appropriate controls should be provided and monitored.

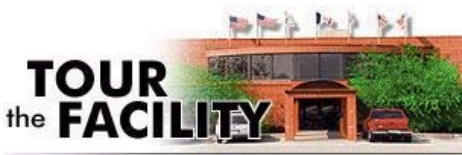
A. MANAGEMENT PRACTICES & PROCEDURES

| | Present | Not Present | | Present | Not Present |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Alcohol Policy developed | <input type="checkbox"/> | <input type="checkbox"/> | New employee physical completed | <input type="checkbox"/> | <input type="checkbox"/> |
| Background checks on all staff members handling child care services | <input type="checkbox"/> | <input type="checkbox"/> | New employee safety orientation program | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificates of Insurance for vendors obtained | <input type="checkbox"/> | <input type="checkbox"/> | Safety Committee established with recorded monthly meetings | <input type="checkbox"/> | <input type="checkbox"/> |
| Child care enrollment waiver completed | <input type="checkbox"/> | <input type="checkbox"/> | Safety Coordinator is fulltime employee | <input type="checkbox"/> | <input type="checkbox"/> |
| Child care sign in/out sheets used | <input type="checkbox"/> | <input type="checkbox"/> | Slip & Fall Checklist developed | <input type="checkbox"/> | <input type="checkbox"/> |
| Driver checks conducted on new employees | <input type="checkbox"/> | <input type="checkbox"/> | State and local licensing and certifications checked (CPR, First Aid, Personal Trainers) | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Phone list developed & posted | <input type="checkbox"/> | <input type="checkbox"/> | Staff Member Agreement acknowledging update certifications | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Response Plan developed for all areas (weight room, swimming pool, courts, child care areas, etc.) & situations (bomb threats, inclement weather, miscellaneous emergencies, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | Tanning Membership Form/Waiver developed | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire department tours conducted | <input type="checkbox"/> | <input type="checkbox"/> | UV Tanning Client Information Sheet developed | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Drills conducted & recorded | <input type="checkbox"/> | <input type="checkbox"/> | Warning signs posted (cardiovascular area) | <input type="checkbox"/> | <input type="checkbox"/> |
| Fitness equipment maintenance log developed | <input type="checkbox"/> | <input type="checkbox"/> | Warning signs posted (sauna area) | <input type="checkbox"/> | <input type="checkbox"/> |
| Guest Policy developed | <input type="checkbox"/> | <input type="checkbox"/> | Warning signs posted (swimming pool area) | <input type="checkbox"/> | <input type="checkbox"/> |
| Incident/Accident Report Form developed | <input type="checkbox"/> | <input type="checkbox"/> | Warning signs posted (whirlpool/spa area) | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical background checks completed on physical trainers | <input type="checkbox"/> | <input type="checkbox"/> | Written corporate risk management & loss control statement formulated and posted | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

A. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



B. MEMBER ORIENTATION

| | Present | Not Present | | Present | Not Present |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Liability Release Agreement developed & signed by all members | <input type="checkbox"/> | <input type="checkbox"/> | Medical Health History Form completed by all members (including minors) | <input type="checkbox"/> | <input type="checkbox"/> |
| Facility Orientation program developed for new members | <input type="checkbox"/> | <input type="checkbox"/> | Members sign orientation record stating they were instructed in equipment's use | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

B. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PERSONAL TRAINING

C. WORKERS COMPENSATION

| | Present | Not Present | | Present | Not Present |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| New employee drug test completed | <input type="checkbox"/> | <input type="checkbox"/> | Employees use protective clothing & equipment when using chemicals or flammables | <input type="checkbox"/> | <input type="checkbox"/> |
| New employee medical background checks completed | <input type="checkbox"/> | <input type="checkbox"/> | Employees instructed in proper use and storage of chemicals and flammables | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Alcohol Policy developed | <input type="checkbox"/> | <input type="checkbox"/> | Excessive employee turnover rate | <input type="checkbox"/> | <input type="checkbox"/> |
| Reference checks on new employees | <input type="checkbox"/> | <input type="checkbox"/> | Instructors are given appropriate resting time between classes | <input type="checkbox"/> | <input type="checkbox"/> |
| Employees trained in proper lifting techniques | <input type="checkbox"/> | <input type="checkbox"/> | Return-To-Work / Modified Work Program | <input type="checkbox"/> | <input type="checkbox"/> |
| Employees sometime work at heights | <input type="checkbox"/> | <input type="checkbox"/> | Slip and fall program is enforced by employees | <input type="checkbox"/> | <input type="checkbox"/> |
| Ladders are inspected for stability & sturdiness | <input type="checkbox"/> | <input type="checkbox"/> | Work areas are ergonomically designed to prevent repetitive motion injuries | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

C. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



SERVICES represented by National Health Club Association in this loss control technical resource form are for your on and risk control efforts. They are not intended to be complete in identifying or reporting on every possible or significant hazard at your premises, preventing possible workplace accidents, or complying with all of the local, state or federal health & safety related laws or regulations. The material enclosed within this loss control reference source is intended and encouraged to be altered or redesigned by you to specifically address your hazards.

D. OPERATIONS (MASTER LIST)

| | Present | Not Present | | Present | Not Present |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Aerobics / Dance | <input type="checkbox"/> | <input type="checkbox"/> | Liquor / Beer / Wine / sold or permitted | <input type="checkbox"/> | <input type="checkbox"/> |
| Air supported structure (i.e. tennis club) | <input type="checkbox"/> | <input type="checkbox"/> | Lounge / Café / Snack bar | <input type="checkbox"/> | <input type="checkbox"/> |
| Beauty Salon | <input type="checkbox"/> | <input type="checkbox"/> | Massage rooms | <input type="checkbox"/> | <input type="checkbox"/> |
| Boiler/s (gas &/or oil fired) | <input type="checkbox"/> | <input type="checkbox"/> | Meeting rooms | <input type="checkbox"/> | <input type="checkbox"/> |
| Boxing Ring/s | <input type="checkbox"/> | <input type="checkbox"/> | Member services / Reception area | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Care / Nursery | <input type="checkbox"/> | <input type="checkbox"/> | Paddle / platform tennis | <input type="checkbox"/> | <input type="checkbox"/> |
| Client services | <input type="checkbox"/> | <input type="checkbox"/> | Parking Lot | <input type="checkbox"/> | <input type="checkbox"/> |
| Club owned vehicles (vans, cars, buses) | <input type="checkbox"/> | <input type="checkbox"/> | Pro Shop Sales | <input type="checkbox"/> | <input type="checkbox"/> |
| Cold plunge pool | <input type="checkbox"/> | <input type="checkbox"/> | Racquetball / squash | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical Transformers/Panels | <input type="checkbox"/> | <input type="checkbox"/> | Restaurant | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator/s or escalators | <input type="checkbox"/> | <input type="checkbox"/> | Running Track (indoor / outdoor) | <input type="checkbox"/> | <input type="checkbox"/> |
| Fitness & exercise equipment | <input type="checkbox"/> | <input type="checkbox"/> | Sauna | <input type="checkbox"/> | <input type="checkbox"/> |
| Flammable / combustible / chemical stge. | <input type="checkbox"/> | <input type="checkbox"/> | Satellite dish / antennae | <input type="checkbox"/> | <input type="checkbox"/> |
| Gymnastics / Trampoline | <input type="checkbox"/> | <input type="checkbox"/> | Steam room | <input type="checkbox"/> | <input type="checkbox"/> |
| Health Food Sales / Nutrition Counseling | <input type="checkbox"/> | <input type="checkbox"/> | Swimming facilities | <input type="checkbox"/> | <input type="checkbox"/> |
| Heating, Ventilation, Air Conditioning | <input type="checkbox"/> | <input type="checkbox"/> | Tanning booth/s / Sun lamps | <input type="checkbox"/> | <input type="checkbox"/> |
| Inhalation | <input type="checkbox"/> | <input type="checkbox"/> | Tennis (indoor or outdoor) | <input type="checkbox"/> | <input type="checkbox"/> |
| Karate / Martial Arts / Tae Bo | <input type="checkbox"/> | <input type="checkbox"/> | Tournaments / Trips / Special Events | <input type="checkbox"/> | <input type="checkbox"/> |
| Leased areas | <input type="checkbox"/> | <input type="checkbox"/> | Whirlpool / Spa | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

D. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



1. AEROBICS / DANCE PROTECTION Present (Number: _____) Not Present

| | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Adequate clearance between members during routines | <input type="checkbox"/> | <input type="checkbox"/> | Mirrors constructed of safety glass and securely mounted | <input type="checkbox"/> | <input type="checkbox"/> |
| Clocks and other timing devices prominently visible | <input type="checkbox"/> | <input type="checkbox"/> | Separate classes for various levels of fitness | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor in good condition and slip resistant | <input type="checkbox"/> | <input type="checkbox"/> | Sound system properly grounded and secured | <input type="checkbox"/> | <input type="checkbox"/> |
| Flooring has impact absorption | <input type="checkbox"/> | <input type="checkbox"/> | Warning signs and instructions posted | <input type="checkbox"/> | <input type="checkbox"/> |
| Instructor's qualifications and certifications checked | <input type="checkbox"/> | <input type="checkbox"/> | Written plans for each level of fitness | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

D1. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |

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| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CHILD CARE

KIDS GYM

2. CHILD CARE Present Not Present

| | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Any large items that can tip, fall or be pushed over | <input type="checkbox"/> | <input type="checkbox"/> | Local and state requirements for licensing and permits met | <input type="checkbox"/> | <input type="checkbox"/> |
| Background checks completed for staff handling children | <input type="checkbox"/> | <input type="checkbox"/> | Nursery workers CPR certified / First aid certified | <input type="checkbox"/> | <input type="checkbox"/> |
| Cabinets provided with safety locks | <input type="checkbox"/> | <input type="checkbox"/> | Outdoor areas fenced | <input type="checkbox"/> | <input type="checkbox"/> |
| Controls on health of children | <input type="checkbox"/> | <input type="checkbox"/> | Parental releases secured | <input type="checkbox"/> | <input type="checkbox"/> |
| Electric outlets provided with safety covers | <input type="checkbox"/> | <input type="checkbox"/> | Recorded inspections of child care area | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency exits / fire extinguishers | <input type="checkbox"/> | <input type="checkbox"/> | References checked on all employees handling children | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency medical phone numbers posted | <input type="checkbox"/> | <input type="checkbox"/> | State Child to Staff ratios followed | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency medical plan in place | <input type="checkbox"/> | <input type="checkbox"/> | Strict provision of identification and signing in/out of children | <input type="checkbox"/> | <input type="checkbox"/> |
| Incident records maintained | <input type="checkbox"/> | <input type="checkbox"/> | Toys and equipment are in good condition | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

D2. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

3. CLUB AUTOMOBILES, VANS, BUSES, OTHER VEHICLES Present Not Present (Number of Vehicles: _____ owned: _____, leased: _____), (Type of vehicles: _____)

| | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| MVR's (Motor Vehicle Registrations) checks done on all drivers | <input type="checkbox"/> | <input type="checkbox"/> | Accident procedures | <input type="checkbox"/> | <input type="checkbox"/> |
| Criteria established for determining an acceptable vehicle record | <input type="checkbox"/> | <input type="checkbox"/> | Restricted passenger capacity for vehicles | <input type="checkbox"/> | <input type="checkbox"/> |
| Driver training program | <input type="checkbox"/> | <input type="checkbox"/> | Personal use restricted | <input type="checkbox"/> | <input type="checkbox"/> |
| Scheduled maintenance program | <input type="checkbox"/> | <input type="checkbox"/> | Accident records kept on file | <input type="checkbox"/> | <input type="checkbox"/> |

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D3. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

4. EGRESS PROTECTION (Exits & Elevators)

| | Present | Not Present | | Present | Not Present |
|---|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|
| An EMT stretcher can fit through the exist | <input type="checkbox"/> | <input type="checkbox"/> | Evacuation diagrams posted | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency lighting present | <input type="checkbox"/> | <input type="checkbox"/> | Exit corridors illuminated | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevators certificates up-to-date and posted | | | Exits blocked from combustibles | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator repairs immediately reported and contracted to a licensed fully insured firm | | | Exits clearly marked | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

D4. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



5. FITNESS / EXERCISE / FREE WEIGHTS ROOM PROTECTION

| | Present | Not Present | | Present | Not Present |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Adequate lighting provided | <input type="checkbox"/> | <input type="checkbox"/> | Equipment inspection logs | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate spacing between equipment | <input type="checkbox"/> | <input type="checkbox"/> | Equipment maintenance schedule logs | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate supervision by qualified instructors and staff | <input type="checkbox"/> | <input type="checkbox"/> | Equipment manufacturers instructions | <input type="checkbox"/> | <input type="checkbox"/> |
| Broken equipment being repaired is removed from floor | <input type="checkbox"/> | <input type="checkbox"/> | Equipment use instructions or illustrations | <input type="checkbox"/> | <input type="checkbox"/> |
| Carpeting and floor conditions in good condition | <input type="checkbox"/> | <input type="checkbox"/> | "Medical warning" posted | <input type="checkbox"/> | <input type="checkbox"/> |
| Clock installed for cardiovascular equipment use | <input type="checkbox"/> | <input type="checkbox"/> | New members provided with equipment orientation | <input type="checkbox"/> | <input type="checkbox"/> |
| Electric cords in good condition | <input type="checkbox"/> | <input type="checkbox"/> | Pulleys, cables, and pins in good condition | <input type="checkbox"/> | <input type="checkbox"/> |
| Electric cords not in walking areas | <input type="checkbox"/> | <input type="checkbox"/> | Replace weights signs posted | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment foot surfaces in good condition | <input type="checkbox"/> | <input type="checkbox"/> | Spotter signs posted | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

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D5. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

LOCKER ROOMS

6. LIABILITY (SLIP & FALL) PROTECTION

| | Present | Not Present | | Present | Not Present |
|---|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|
| Bathroom "home bath" mats | <input type="checkbox"/> | <input type="checkbox"/> | Sidewalks | <input type="checkbox"/> | <input type="checkbox"/> |
| Bathroom vinyl floor mats | <input type="checkbox"/> | <input type="checkbox"/> | Snow and ice removal plan | <input type="checkbox"/> | <input type="checkbox"/> |
| Carpets | <input type="checkbox"/> | <input type="checkbox"/> | Stairs and steps | <input type="checkbox"/> | <input type="checkbox"/> |
| Concrete car bumpers | <input type="checkbox"/> | <input type="checkbox"/> | Wheelchair ramps | <input type="checkbox"/> | <input type="checkbox"/> |
| Curbs | <input type="checkbox"/> | <input type="checkbox"/> | Wood decks / outside patios | <input type="checkbox"/> | <input type="checkbox"/> |
| Non slip flooring / surface in bathroom | <input type="checkbox"/> | <input type="checkbox"/> | Slip & Fall Safety Program | <input type="checkbox"/> | <input type="checkbox"/> |
| Parking surfaces | <input type="checkbox"/> | <input type="checkbox"/> | Curbs coated with non skid paint | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

D6. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

7. PHYSICAL PROTECTION (Automatic & Manual)

| | Present | Not Present | | Present | Not Present |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Adequate number of fire extinguishers: Name of Extinguisher Contractor: _____ | <input type="checkbox"/> | <input type="checkbox"/> | Heat detectors | <input type="checkbox"/> | <input type="checkbox"/> |
| Automatic sprinkler system: Name of Sprinkler Contractor: _____ | <input type="checkbox"/> | <input type="checkbox"/> | Inside fire hoses available and maintained | <input type="checkbox"/> | <input type="checkbox"/> |
| Central Station Alarms: Name of Alarm Company: _____ | <input type="checkbox"/> | <input type="checkbox"/> | Manual pull stations | <input type="checkbox"/> | <input type="checkbox"/> |
| Extinguishers properly charged | <input type="checkbox"/> | <input type="checkbox"/> | Private yard hydrants | <input type="checkbox"/> | <input type="checkbox"/> |
| Extinguishers properly located and placed (hung on supports) | <input type="checkbox"/> | <input type="checkbox"/> | Proper extinguishers for occupancy | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire protection maintenance contracts | <input type="checkbox"/> | <input type="checkbox"/> | Smoke detectors | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

D7. Action Plan & Implementation Schedule

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| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

8. PRO SHOP PROTECTION Present (Number: _____) Not Present

| | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Burglar and theft protection (locks, safe, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | If run by a subcontractor, are certificates of insurance obtained (equal to clubs limits) | <input type="checkbox"/> | <input type="checkbox"/> |
| Burglar protection connected to Central Station Alarm Co.: _____ | <input type="checkbox"/> | <input type="checkbox"/> | Original warnings and labels posted on products | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificates of insurance secured from suppliers, deliverymen, installers (equal to clubs limits) | <input type="checkbox"/> | <input type="checkbox"/> | Products repackaged or relabeled (THIS PRACTICE IS NOT ENCOURAGED!) | <input type="checkbox"/> | <input type="checkbox"/> |
| Floors slip resistant | <input type="checkbox"/> | <input type="checkbox"/> | Protection against obstructions or sharp edges | <input type="checkbox"/> | <input type="checkbox"/> |
| Formal inventory control, security and cash handling procedures | <input type="checkbox"/> | <input type="checkbox"/> | Sources of supply reputable (recognized names in business; certificates of insurance obtained) | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

D8. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

9. RACQUETBALL / SQUASH COURTS Present (Number of indoor: _____) Not Present



| | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Adequate clearance around courts | <input type="checkbox"/> | <input type="checkbox"/> | Court surfaces dry mopped daily | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate lighting / fixtures protected against breakage | <input type="checkbox"/> | <input type="checkbox"/> | Doors in good condition and flush with walls | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate storage for players valuables | <input type="checkbox"/> | <input type="checkbox"/> | Safety rules / warning signs posted | <input type="checkbox"/> | <input type="checkbox"/> |
| Controlled humidity and temperature | <input type="checkbox"/> | <input type="checkbox"/> | Use of goggles enforced | <input type="checkbox"/> | <input type="checkbox"/> |
| Court surface in good condition | <input type="checkbox"/> | <input type="checkbox"/> | Walls checked for cracks and protruding nails | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

D9. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

10. RESTAURANT / LOUNGE / SNACK BAR PROTECTION Present Not Present

| | Yes | No | | Yes | No |
|-------|--------------------------|--------------------------|-------|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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| | | | | | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Alcohol beverages served | <input type="checkbox"/> | <input type="checkbox"/> | Food and supplies purchased from reputable, fully insured sources | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooking equipment protected by an approved regularly inspected automatic fire suppression system | <input type="checkbox"/> | <input type="checkbox"/> | Health Department inspections and permits in order | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooking equipment serviced by certified contractor: _____ | <input type="checkbox"/> | <input type="checkbox"/> | Manual actuators unobstructed | <input type="checkbox"/> | <input type="checkbox"/> |
| Ducts, filters and cooking equipment cleaned and free of grease accumulation | <input type="checkbox"/> | <input type="checkbox"/> | Pest control program in place with certificates of insurance provided (equal to club's limits) | <input type="checkbox"/> | <input type="checkbox"/> |
| Employees have taken part in a formal liquor liability control program | <input type="checkbox"/> | <input type="checkbox"/> | Special extinguishing system in service | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor surfaces are clean and slip resistant | <input type="checkbox"/> | <input type="checkbox"/> | Refrigeration equipment maintained and temperature regulated | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

D10. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

AQUATICS

11. SWIMMING POOL Present (Number of indoor: _____) Not Present

| | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Adverse weather condition warnings | <input type="checkbox"/> | <input type="checkbox"/> | Diving boards present | <input type="checkbox"/> | <input type="checkbox"/> |
| All electrical outlets protected with GFCI (Ground fault Circuit Interrupters) | <input type="checkbox"/> | <input type="checkbox"/> | Local health codes followed and enforced | <input type="checkbox"/> | <input type="checkbox"/> |
| All swim instructors WSI certified | <input type="checkbox"/> | <input type="checkbox"/> | Posted warning signs prohibiting diving | <input type="checkbox"/> | <input type="checkbox"/> |
| Children not permitted without parents | <input type="checkbox"/> | <input type="checkbox"/> | Qualified life guard present at all times | <input type="checkbox"/> | <input type="checkbox"/> |
| Continuous temperature / humidity monitoring | <input type="checkbox"/> | <input type="checkbox"/> | Rope separating shallow from deep end | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily maintenance checks of all pool areas | <input type="checkbox"/> | <input type="checkbox"/> | Warnings and rules posted and CLEARLY visible | <input type="checkbox"/> | <input type="checkbox"/> |
| Depths CLEARLY marked | <input type="checkbox"/> | <input type="checkbox"/> | Water tested and written records kept | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

D11. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



12. TANNING BOOTH PROTECTION Present Not Present

The information and suggestions presented by National Health Club Association in this loss control technical resource form are for your consideration in your loss prevention and risk control efforts. They are not intended to be complete in identifying or reporting on every possible or significant hazard at your premises, preventing possible workplace accidents, or complying with all of the local, state or federal health & safety related laws or regulations. The material enclosed within this loss control reference source is intended and encouraged to be altered or redesigned by you to specifically address your hazards.

| | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Beds & goggles sanitized following usage | <input type="checkbox"/> | <input type="checkbox"/> | Tanning booth waiver signed by members | <input type="checkbox"/> | <input type="checkbox"/> |
| Bulbs periodically changed | <input type="checkbox"/> | <input type="checkbox"/> | Time restrictions in booth posted / enforced | <input type="checkbox"/> | <input type="checkbox"/> |
| Electric cords in good condition | <input type="checkbox"/> | <input type="checkbox"/> | Timers available | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye protection mandatory & enforced | <input type="checkbox"/> | <input type="checkbox"/> | UL listed equipment and bulbs used | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintenance log on booth equipment | <input type="checkbox"/> | <input type="checkbox"/> | Warnings signs posted | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

D12. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



13. TENNIS COURTS Present (Number of indoor: _____, _____ outdoor) Not Present

| | Yes | No | | Yes | No |
|----------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Adequate clearance around courts | <input type="checkbox"/> | <input type="checkbox"/> | Hard surfaces padded (columns, posts, walls, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate lighting | <input type="checkbox"/> | <input type="checkbox"/> | Lighting fixtures protected against breakage | <input type="checkbox"/> | <input type="checkbox"/> |
| Court surface in good condition | <input type="checkbox"/> | <input type="checkbox"/> | Tennis lessons adequately supervised with qualified staff | <input type="checkbox"/> | <input type="checkbox"/> |
| First aid materials available | <input type="checkbox"/> | <input type="checkbox"/> | Warning signs posted | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

D13. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SAUNA, STEAMROOM & WHIRLPOOL

14. WHIRLPOOL / SAUNA / STEAMROOM Present Not Present
(Number of whirlpools: _____) (Number of saunas: _____) (Number of steamrooms: _____)

| | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Daily maintenance checks for whirlpools | <input type="checkbox"/> | <input type="checkbox"/> | Sauna warning sign posted on door: "Members check with physicians prior to using sauna" | <input type="checkbox"/> | <input type="checkbox"/> |
| Daily maintenance checks on sauna | <input type="checkbox"/> | <input type="checkbox"/> | Visibility window is never obstructed | <input type="checkbox"/> | <input type="checkbox"/> |

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| | | | | | |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Emergency cutoff switch easily accessible and marked | <input type="checkbox"/> | <input type="checkbox"/> | Warning sign stating to NEVER cover sauna heater | <input type="checkbox"/> | <input type="checkbox"/> |
| Locked safety cover used for whirlpools | <input type="checkbox"/> | <input type="checkbox"/> | Whirlpool temp monitoring device (keep at 104 degree Fahrenheit) | <input type="checkbox"/> | <input type="checkbox"/> |
| Manufacturer's warnings posted | <input type="checkbox"/> | <input type="checkbox"/> | Whirlpool warnings posted | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL COMMENTS: _____

D14. Action Plan & Implementation Schedule

| Action | Person Responsible | Due Date | Date Completed |
|--------|--------------------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

ADDITIONAL EXPOSURES NOT IDENTIFIED ABOVE

BASKETBALL 

GOLF 



TOWEL & LAUNDRY SERVICES

SOFTBALL 

VOLLEYBALL 

COMMENTS:

1. _____
2. _____
3. _____
4. _____

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