

**Spokane Regional Health District**  
**Environmental Health Division**  
1101 W. College Avenue, Suite 402  
Spokane, WA 99201-2095  
324-1560 ext. 4



**Spa  
Plan Review Checklist**

**General Project Information**

New       Renovation       Addition

**Project Name:**

**Site Address:**

**Owner Name:**

**Architect/Engineer:**

**Address:**

**Address:**

**Telephone Number:**

**Phone Number:**

**Fax Number:**

**Fax Number:**

**Email Address:**

**Email Address:**

**General Contractor:**

**Pool Contractor:**

**Address:**

**Address:**

**Phone Number:**

**Phone Number:**

**Fax Number:**

**Fax Number:**

**Email Address:**

**Email Address:**

**Name of Public Water Supply Serving This Facility:**

**Facility Connected to Septic or Sewer?**

**Please Provide the Following Information on the Proposed Spa Pool Design**

<b>Distance from the pool to the farthest associated living unit:</b>	_____ ft. <input type="checkbox"/> Not Applicable
<b>How many stories are the associated living units?</b>	_____ stories <input type="checkbox"/> Not Applicable
<b>Any balconies, buildings, equipment rooms, exterior stairs, storage facilities, trees, or other landscape features within 15 feet of the pool?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Shape of the spa:</b>	<input type="checkbox"/> Kidney <input type="checkbox"/> Oval <input type="checkbox"/> Rectangular <input type="checkbox"/> Round <input type="checkbox"/> Other: _____
<b>Spa dimensions:</b>	Length: _____ ft.                      Radius (If Spa is Round): _____ ft. Width: _____ ft.
<b>Spa perimeter:</b>	_____ ft.
<b>Spa volume:</b>	_____ total gallons
<b>Maximum Spa depth:</b> (As measured from water line to spa bottom – maximum 4 ft.)	_____ ft.
<b>Spa surface area:</b>	Total surface area: _____ sq. ft.
<b>Maximum spa bather load:</b> (Note: Show bather load calculation on the attached spa calculation worksheet)	_____ persons
<b>Type of material used to construct the spa:</b>	<input type="checkbox"/> Plaster <input type="checkbox"/> Tile <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other: _____
<b>Spa color:</b> (Note: Spa must be white or light in color if surface area is 100 sq. ft. or more)	<input type="checkbox"/> White <input type="checkbox"/> Other: _____
<b>Slope of the spa bottom to drain:</b>	_____
<b>Height of ceiling above spa edge:</b>	_____ ft. <input type="checkbox"/> Not Applicable
<b>Spa heater thermostat switches inaccessible to users?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Indoor ventilation meet applicable ASHRAE standards?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

**Please Provide the Following Information on Ladders, Steps, and Stairs**

<b>Treads non-slip?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Steps have a contrasting color edge?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Height of each riser consistently the same from the top of the deck or coping to the bottom step?</b> (Note: Distance from the bottom step to the spa bottom may be different)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If multiple stairs are used, are the riser heights the same from the top of the deck or coping to the bottom step, for each set of stairs?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>Height of each riser:</b> (Starting from the coping/deck to the first step)	1 <sup>st</sup> Step:	in.	4 <sup>th</sup> Step: in.
	2 <sup>nd</sup> Step:	in.	5 <sup>th</sup> Step: in.
	3 <sup>rd</sup> Step:	in.	Bottom Step to Spa Floor: in.
<b>Note: Step risers may not exceed 7½ inches if the spa perimeter is more than 40 feet</b>			
<b>Surface area of each tread:</b>	1 <sup>st</sup> Step:	sq in.	4 <sup>th</sup> Step: sq. in.
	2 <sup>nd</sup> Step:	sq. in.	5 <sup>th</sup> Step: sq. in.
	3 <sup>rd</sup> Step:	sq. in.	6 <sup>th</sup> Step: sq. in.
<b>Depth of each tread:</b>		_____ inches	
<b>Handrails installed so handrail leading edge is neither 18 inches beyond, nor 8 inches inside the leading edge of the bottom step?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If deck is more than 12 inches above water level, are handholds provided?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Please Provide the Following Information on the Proposed Walking Surfaces</b>			
<b>Type of material used to construct the walking surfaces surrounding the spa:</b> (Note: Specification sheets must be provided for tile and all other flooring products to show it is non-slip.)		<input type="checkbox"/> Broom Finished Concrete	<input type="checkbox"/> Tile
		<input type="checkbox"/> Other: _____	
<b>Type of material used to construct the walking surfaces leading to the restrooms and locker rooms:</b> (Note: Specification sheets must be provided for tile and all other flooring products to show it is non-slip.)		<input type="checkbox"/> Broom Finished Concrete	<input type="checkbox"/> Tile
		<input type="checkbox"/> Other: _____	
<b>Is the walking surface at least four feet wide around 50% or more of the spa?</b> (Note: If the spa surface area is greater than 100 sq. ft. the walking surface must be at least four feet wide around 100% of the spa)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If the spa surface area exceeds 100 sq. ft., is the walking surface at least four feet wide around 100% of the spa?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>Type of material used to construct the walking surfaces in the restrooms and locker rooms:</b> (Note: Specification sheets must be provided for tile and all other flooring products to show it is non-slip.)		<input type="checkbox"/> Broom Finished Concrete	<input type="checkbox"/> Tile
		<input type="checkbox"/> Other: _____	
<b>Slope to drain of the above walking surfaces:</b> (Note: Slope must be at least ¼ in. per foot to drain)		_____	
<b>Sufficient drains to prevent standing water on all walking surfaces?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Any gaps or abrupt edges greater than ½ in. on any walking surface?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hose bibs spaced no more than 150 feet apart around the deck?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please Provide the Following Information on Barrier Protection**

<b>Minimum height of the barrier:</b>	_____ ft.
<b>Are all doors or gates that allow access into the pool enclosure self-closing?</b> (Note: All doors and gates allowing pool users to enter the enclosure must be self-closing and self-latching unless the facility is life guarded during all hours of operation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are all doors or gates that allow access into the pool enclosure self-latching?</b> (Note: All doors and gates allowing pool users to enter the enclosure must be self-closing and self-latching unless the facility is life guarded during all hours of operation.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Height of each door or gate latch:</b> (Note: Minimum latch height is 60 inches unless the door or gate is kept locked at all times)	_____ in.
<b>If the height of any of these latches is less than 60 inches, is a key or other access control system required to enter the pool enclosure?</b> (Note: A solid piece of material at least 18 inches wide must completely surround latching mechanisms less than 60 inches high to prevent unauthorized access into the pool enclosure)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Doors and gates lockable during periods of non-use?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Material used to construct the barrier:</b> (Note: Drawings of the proposed barrier must be included in the plans, especially if using chain link, wrought iron, brick, flagstone, rock, or other material for barrier walls, columns, or posts)	_____

**Please Provide the Following Information on Locker Rooms and Restrooms**

<b>Distance from spa to restrooms:</b>	_____ ft.
<b>Are all fixtures including sinks, toilets, urinals, showers, and diaper changing stations in the locker room, shower, and toilet areas shown on the plans?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Soap in non-glass dispensers provided at sinks and showers?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Single use towels or dryers provided near sinks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Shower design allows a full-body shower in the nude?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>Shower interior surfaces water impervious to at least shower head height?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>Shower water temperature set to not exceed 120°F to prevent scalding?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

**Please Provide the Following Information on the Recirculation Pump and Jet Pump**

<b>Recirculation pump information:</b>	Manufacturer:		
	Model #		
	Horsepower:		
	Maximum Capacity with Clean Filter =	GPM @	FOH
	Minimum Capacity with Dirty Filter (just before backwash) =	GPM @	FOH
<b>Jet pump information:</b>	Manufacturer:		
	Model #		
	Horsepower:		
	Maximum Capacity with Clean Filter =	GPM @	FOH
	Minimum Capacity with Dirty Filter (just before backwash) =	GPM @	FOH
<b>Pumps above or below water level?</b>	<input type="checkbox"/> Above Water Level <input type="checkbox"/> Below Water Level		
<b>Copy of pump curves provided?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Can the pumps be isolated by valves for service?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Piping details shown on the plans?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Please Provide the Following Information on the Overflow System**

<b>Skimmer Information</b>	Manufacturer:	
	Model #	
	Length of weir per skimmer:	in.
<b>Number of skimmers:</b>	_____	
<b>Number of equalizer line fittings:</b>	_____	
<b>Equalizer line fittings conform to ASME A112.19.8 standard [WAC 246-260-031(8)(d)(iii)]?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Overflow outlets designed to maintain at least 60% of total recirculation flow at all times? [WAC 246-260-031(8)(b)]</b>	_____ minimum percentage of the total recirculation flow through the overflow system	
<b>Flow per linear inch of weir during normal pool operation with a <u>clean</u> filter:</b> (Note: Flow cannot exceed 5 gpm per linear in. of weir during normal operation when the filter is clean. Show calculations on the attached pool calculation work sheet)	_____ gpm per linear inch of weir	
<b>Flow per linear inch of weir during normal pool operation with a <u>dirty</u> filter:</b> (Note: Flow must be at least 3 gpm per linear in. of weir during normal operation when the filter is dirty. Show calculations on the attached pool calculation work sheet)	_____ gpm per linear inch of weir	

## Please Provide the Following Information on Outlets

<p><b>Main drain cover information:</b></p> <p>Main drain cover compliant with ASME A112.19.8 standard?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>Manufacturer: _____</p> <p>Model # _____</p> <p>Sq. in. of opening per drain cover: _____</p> <p>Specification sheets provided?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Installation instructions included?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>Main drain sump information:</b></p> <p><input type="checkbox"/> Field Built Sumps</p> <p>Note: This requires scale drawings prepared and stamped by an architect or engineer licensed in Washington State. All drawings and other materials related to sump design must be stamped separately by the architect or engineer responsible for the design. A letter from the architect or engineer must also be provided stating that the design(s) conform to the ASME A112.19.8 standard or meets the design specifications by the main drain cover manufacturer.</p>	<p><input type="checkbox"/> Commercially Manufactured Sumps</p> <p>Note: Requires specifications from the manufacturer stating compliance with the ASME A112.19.8 standard <u>and</u> additional material demonstrating the main drain cover and sump are properly matched.</p>
<p><b>Maximum water velocity through all main drains at 100% flow:</b>          (Note: Maximum velocity cannot exceed 1.5 ft. per second at 100% flow. Show calculations on the attached pool calculation work sheet)          [WAC 246-260-031(8)(e)(iii)]</p>	<p>_____ ft. per second</p>
<p><b>Main drains located at least 3 feet apart?</b>          [WAC 246-260-031(8)(e)(iv)(B)]          (Note: As measured between the centers of the drain covers)</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No Distance: _____ ft. apart</p>
<p><b>Number of Main Drains:</b>          [WAC 246-260-031(8)(e)(iv)]          (Note: Two or more main drains are required)</p>	<p>_____</p>
<p><b>Branch line piping equidistant from trunk line?</b>          [WAC 246-260-031(8)(e)(iv)(A)]</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>Main drains designed so that if one drain is blocked, the remaining main drains are rated to at least 100% of maximum pump flow?</b>          [WAC 246-260-031(8)(e)(iv)(D)]</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – specify: _____</p>
<p><b>Main drain piping properly sized to assure water velocity does not exceed 6 feet per second at 100% flow?</b>          [WAC 246-260-031(8)(e)(ii)]</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>Proper air gap or backflow prevention device used to prevent a cross connection(s) between the source water and pool water or waste water?</b></p>	<p><input type="checkbox"/> Yes – specify: _____</p> <p><input type="checkbox"/> No – specify: _____</p>

## Please Provide the Following Information on the Filtration System

<b>Filter information</b>	Manufacturer:	
	Model #	
	NSF Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Type (rapid sand, DE, cartridge, etc.):	
	Square feet of filter area:	sq. ft.
	Number of filters:	
<b>Filter application rate</b>	Minimum filter area needed:	sq. ft.
	Maximum application rate:	gpm (Filter Clean)
	Minimum application rate:	gpm (Filter Dirty)
<b>Air pressure gauges provided for the filter?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Air relief valve provided?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Site glass provided?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Flow meter provided?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If using cartridge filter(s), is extra cartridge(s) provided?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Please Provide the Following Information on the Disinfection System

<b>Type and form of primary disinfectant</b>	<input type="checkbox"/> Chlorine <input type="checkbox"/> Bromine <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Other: _____	
<b>Disinfection feeder:</b>	Manufacturer:                      Model #	NSF Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Chemical feeder:</b>	Manufacturer:                      Model #	
<b>Chemical feeders provided to control pH?</b> (Required for pools 50,000 gallons or more and pools using caustic soda or CO <sub>2</sub> )		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Chemical feeders for caustic soda or CO<sub>2</sub>?</b> (Required for pools treated with caustic soda or CO <sub>2</sub> )		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Chemical and disinfection feeders equipped to automatically shutoff when water flow is interrupted?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is a separate chemical storage area provided?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Please Provide the Following Information on Lighting

<b>Proposed indoor and outdoor light intensity over walking surfaces:</b> (Note: Must be at least 10 foot-candles over all walking surfaces during all daytime and night-time hours the pool is operating.)	_____ foot-candles
<b>Proposed light intensity in restrooms, locker rooms, and mechanical rooms:</b> (Note: Must be at least 20 foot-candles)	_____ foot-candles

<b>Proposed light intensity above the pool surface if facility is indoors:</b> (Note: Must be at least 30 foot-candles.)	_____ foot-candles
<b>Overhead lighting and underwater lighting sufficient to clearly see the bottom of the pool?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>All lights above the walking surfaces and pool areas shielded?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please Provide the Following Information on Emergency Equipment</b>	
<b>Location of emergency telephone:</b> (Note: At General Use Facilities – phone should be in or near the enclosure. At Limited Use Facilities – phone must be located within 1 minute access and available at all times)	_____
<b>Location of 16 unit first aid kit and emergency blanket:</b> (Note: Must be accessible during all operational hours)	_____
<b>Clearly marked emergency shutoff switch provided?</b> (Note: switch must be located within 20 feet of each spa, turn off all pumps, and sound an audible alarm)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Emergency blanket available to spa users?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SPA CALCULATIONS

The Number of Bathers Allowed In the Spa At One Time Is Based on the Most Restrictive of the Following:

1) Spa Surface Area =  
10 square feet per bather

2) 
$$\frac{\text{Spa Volume}}{\text{Turnover Time in Minutes}} =$$
 if turnover is more than 10 minutes OR  if turnover is 10 minutes or less

3) Capacity of Skimmer Overflow System =  
20 gallons per bather



Main Drain Velocity (Assume 100% of maximum pump capacity through drains)

$$\frac{\text{Total Pump Capacity (gpm)}}{448.8 \text{ (gpm/cu. ft./sec.)}} \div \frac{\text{Total open area in drains (sq. in.)}}{144 \text{ (in./sq. ft.)}} = \text{Main drain velocity (fps)}$$

NOTE: If suction for both recirculation pump and jet pump is through the main drain(s), you must add the maximum capacities for both pumps in calculations. Maximum flow through main drains cannot exceed 1.5 feet per second.

Maximum and Minimum Flow Through Skimmers

Maximum skimmer capacity (gpm):

$$\frac{\text{Normal Operational Flow Rate Through Skimmers When Filter Is Clean In gpm}}{\text{Total Linear Inches of Weir for All Skimmers}} =$$

Minimum skimmer capacity (gpm):

$$\frac{\text{Normal Operational Flow Rate Through Skimmers When Filter Is Dirty In gpm}}{\text{Total Linear Inches of Weir for All Skimmers}} =$$

Indicate Minimum Percentage of Total Recirculation Flow Through Skimmers: \_\_\_\_\_%

NOTE: Flow through skimmers must be maintained between 3 – 5 gpm per linear inch of weir during normal spa operation. Overflow outlets must maintain at least 60% of the total filter recirculation flow at all times.

Pools/Master Forms & Letters/Plan Review Checklist-Spas

All construction shall be in accordance with the information submitted on this checklist unless addenda for modifications have been approved by the Spokane Regional Health District.

\_\_\_\_\_  
Architect/Engineer Signature

\_\_\_\_\_  
Stamp