



REPUBLIC OF THE PHILIPPINES
CITY GOVERNMENT OF PARAÑAQUE
Cultural, Historical and Tourism Promotions Division
(CHTPD)

CHECKLIST FOR SPA INSPECTION

SPA NO.: _____

Mission Order No. _____

Series of 200_____, Date: _____

NAME OF SPA: _____ OWNER/MANAGER _____

BUSINESS ADDRESS: _____ DATE OF INSPECTION _____

TEL./FAX NOS. _____ E-MAIL ADD. _____ PERSON PRESENT _____

YES NO

YES NO

I. LOCATION

1. In the SPA located in safe and reputable location? () ()
2. Does the SPA exude a dean, calm & relaxing environment?() ()

II. FACILITIES AND AMENITIES

1. Is the lounge
a. Air-conditioned? () ()
b. Well lighted? () ()
c. Attended by qualified and trained staff? () ()
2. Is the food bar
a. Well stocked? () ()
b. Well maintained? () ()
3. Are there separate washrooms for male & female?
a. Is it clean? () ()
b. Is it provided with toiletries? () ()
4. Are there separate shower rooms and changing Rooms for male & female? () ()
5. Are there separate treatment rooms for male & female?
Is it unlocked? () ()
6. Are there Spa robes and slippers for patrons? () ()
7. Are there separate locker rooms for male & female () ()
8. Is there an area or room provided for the staff? () ()
9. Are there adequate supply of clean linen, towels and robes of good quality? () ()
10. Is there and adequate parking space provided for free to customers/ guests? () ()
11. Is there a high-powered generator capable of providing Full power in all areas of the establishments? () ()
12. Is there a well-stocked first aid cabinet available at all times? () ()
13. Are there provisions for the physically challenged?
a. Ramps with railings? () ()
b. Toilet? () ()
14. FIRE FIGHTING FACILITIES
a. Is there fire extinguishers? () ()
b. Are fire extinguishers checked regularly? () ()
c. Are there adequate fire exit signage? () ()

III. SERVICE

1. Are the following services provided? () ()
a. Swedish? () ()
b. Lymph Drainage? () ()
c. Reflexology? () ()
2. Steam, Sauna & Water baths?
3. Body Treatments/one more of the following:
a. Body packs and wraps: () ()
b. Exfoliation? () ()
c. Body toning / contouring? () ()
d. Waxing? () ()
e. Hand & foot Care? () ()
f. Others (specify) _____

IV. SERVICES

1. Are sanitary sheet cover for massage table changed after every patron's use? () ()
2. Are the rooms in the establishment clean? () ()
3. Are the furniture & equipment clean? () ()
4. Is there a fire/smoke detecting in the establishment? () ()
5. Is there an adequate provision for the cleaning & sterilizing of equipment, robes, sheets, blankets, pillow case, towels or other materials which may come in direct contact with the patron's body? () ()
6. Are cabinets provided for the storage of clean linen towels And other materials used by patron's? () ()
7. Are storage bins provided for soiled linen, towels? () ()

V. STAFF

1. Is the staff
a. Well trained? () ()
b. Well groomed? () ()
c. Well experienced? () ()
d. Courteous and efficient? () ()
2. Is there one DOH registered massage therapist to supervise the twenty massage attendants? () ()
3. Do employees, masseurs and masseuses wear clean, proper, non-transparent outer garments? () ()
4. Are Steam, sauna and water baths maintained in a Level which Will not cause adverse reaction to user? () ()

COMMENT / EXPLANATIONS: (By owner/ representative of hotel)

RECOMMENDATIONS:(By Evaluation Committee) Favorable () Unfavorable () Hold in Abeyance ()

INSPECTOR

INSPECTOR

Applicant/Representative

RECOMMENDING APPROVAL:

APPROVED BY:

JOSEPHINE S. OROZCA
Office-In-Charge
Cultural and Tourism Affairs

DEAN G. CALLEJA
Department Head
Special Services Office