



**SELF- ASSESSMENT CHECKLISTS
Spa**

NAME OF SPA : _____
 BUSINESS ADDRESS : _____
 TELEPHONE NO. : _____ FAX NO : _____
 GENERAL MANAGER : _____

Please check on the appropriate box. Do not leave blank boxes.

A. LOCATION	YES	NO	REMARK/S
1. Is the spa located in a safe and reputable location?			
2. Does the spa exude a clean, calm & relaxing environment?			
B. FACILITIES/AMENITIES	YES	NO	REMARK/S
1. Is the lounge			
Air-conditioned			
Well-lighted			
Attended by qualified and trained staff			
2. Is the food bar			
Well-stocked			
Well-maintained			
3. Are there separate washrooms for males and females?			
Are these clean?			
Are these provided with toiletries?			
4. Are there separate shower rooms and changing rooms for males and females?			
5. Are there separate treatment rooms for males and females?			
Are these unlocked?			
6. Are there spa robes and slippers for patrons?			

7. Are there separate locker rooms for men and women?			
8. Is there an area or room provided for the staff?			
Are they provided with individual locker rooms?			
9. Are there adequate supply of clean linen, towels and robes of good quality?			
10. Is there an 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?			
Ramps with railings			
Toilet			
14. Fire Fighting Facilities			
Are there fire extinguishers?			
Are fire extinguishers checked regularly?			
Are there adequate fire exit signages?			
C. SERVICES	YES	NO	REMARK/S
1. Are the following services provided:			
a. Swedish Massage			
b. Lymph Drainage			
c. Reflexology			
2. Steam, Sauna and Waterbaths			
3. Body Treatments/one or more of the following:			
a. Body packs and wraps			
b. Exfoliation			
c. Body Toning/Contouring			
d. Waxing			
e. Hand and Foot Care			

f. Others, please specify _____

D. SAFETY AND SANITATION REQUIREMENTS	YES	NO	REMARK/S
1. Are safety sheets cover for massage table changed every patron's use?			
2. Are the rooms in the establishment clean?			
3. Are the furniture and equipment clean?			
4. Is there a fire/smoke detecting device in the establishment?			
5. Is there an adequate provision for the cleaning and sterilizing of equipment, robes, sheets, blankets, pillow cases, towels or 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 patrons?			
7. Are storage bins provided for soiled linens and towels?			
E. STAFF	YES	NO	REMARK/S
1. Is the staff			
Well-trained?			
Well-groomed?			
Well-experienced?			
Courteous and Efficient?			
2. Is there one (1) DOH registered massage therapist to supervise a maximum of twenty (20) 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?			

This is to signify my intent to apply for DOT Accreditation.

I understand that my Self-Assessment Rating is not yet final and an Audit Team from the DOT shall conduct an actual assessment of my property to validate my rating.

SIGNATURE OVER PRINTED NAME
OWNER/ GENERAL MANAGER

DATE