Inspection Summary

Inspection ID#:	
Scheduled Date:	
Inspector Name (First and Last):	
Actual Inspection Date:	
Actual Inspection Time:	
Gallon of NY Clean Provided (Y/N):	
Inspection Result (Complete/Incomplete):	
Comments:	

Attestation Information

Business Name:	
Contact Name (First):	
Contact Name (Last):	
Phone:	
Business Email:	
Business Location Address (Number/Street):	
Apartment/Suite:	
City:	
State:	
Zip Code:	
County:	
NYS Attestation Date:	
Comments:	

SAMPLE

Business Information (Collected at Inspection)

Business Owner/Manager Present Name (First and Last):			
Business Owner/Manager Present Title:			
Currently Open?:	Y	N	Date of Business Opening:
Confirmation all information contained in NYS Attestation is Correct (Y/N):			
6 Digit NAICS Code:			
Business Grouping (Gym/Fitness, Hotel Gym, Other (describe):			
Business Type (Boxing, CrossFit, Cycling/Spin, Multipurpose, Yoga, Martial Arts, Pilates/Barre, Weightlifting/Strength Training, Other (describe):			
Comments:			

Instructions: All items must be Yes (Y) for a "Complete" inspection. If any item is not confirmed, inspection will be "Incomplete" and a re-inspection will be required.

Physical Distancing

Y	N	Maximum capacity of the gym or fitness center not more than 33% inclusive of employees and patrons
Y	N	System for regulating number of patrons in place

Y	N	6 foot distancing in place and maintained between individuals at all times, in all directions, including workout stations, bathrooms and locker rooms and other small spaces (exception is if there is a health or safety risk or "spotting" someone but recommendation is to limit spotting or let someone from same "household" spot person if possible).
Comments:		
On-Site Activity		
Y	N	Fitness class participant numbers limited to the lessor of the following: 1) 6 ft. distance in all directions for all class participants 2) 33% of total class size. 3) Limit of state gathering (currently 50 people). NOTE: this applies to swimming classes as well.
Y	N	Prohibit higher-risk activities where physical contact cannot be continuously avoided (e.g., martial arts, boxing), and should discourage hands-on adjustments in classes (e.g., yoga, Pilates), unless necessary to mitigate a health or safety risk
Y	N	Personal trainers wearing face coverings, maintaining 6 foot distancing whenever possible
Y	N	Communal Showers, Whirlpools, saunas, steam rooms, self-serve bars/samplers, common seating areas and water fountains are closed (water bottle filling stations are permissible)
Comments:		
Air handling systems (Select which 1 Option applies)		
Y	N	Facility has central air system that has been certified and documented by HVAC technician, professional, or company, or by a NYS licensed professional building engineer that it **meets** minimum MERV-13 or equivalent standards **OR**
Y	N	Facility has central air system that has been documented by HVAC technician, professional, or company, or by a NYS licensed professional building engineer that currently installed system that is **unable** to support or provide MERV-13 or equivalent standards. Facility is adopting additional ventilation and air filtration mitigation protocols per CDC and ASHRAE recommendations outlined in the Interim COVID-19 Guidance for Gyms & Fitness Centers **OR**
Y	N	Facility does not have central air, or does not operate or control the systems. Facility is adopting additional ventilation and air filtration mitigation protocols per CDC and ASHRAE recommendations outlined in the Interim COVID-19 Guidance for Gyms & Fitness Centers
Comments:		
Protective Equipment		
Y	N	Employees and patrons are only allowed into the facility if they are wearing an acceptable face covering, face coverings are worn at all times except when eating or drinking or showering. Buffs, gaiters and bandanas are NOT acceptable face coverings
Y	N	Individuals who are unable to medically tolerate a face covering are wearing a face shield
Y	N	Sharing of objects and the touching of surfaces is limited or employees are required to wear gloves or sanitize or wash hands after contact with shared objects or frequently touched surfaces
Comments:		

SAMPLE

Hygiene, Cleaning, and Disinfection		
Y	N	Facility is adhering to hygiene, cleaning, and disinfection requirements as outlined by the CDC and DOH, logs are maintained documenting the time, date, and scope of cleaning and disinfection
Y	N	Handwashing is available (soap, running warm water, and disposable paper towels) AND hand sanitizer is available throughout the center
Y	N	Shared equipment is cleaned between every use by either patrons or staff, cleaning and disinfecting supplies are available for patrons and staff for shared surfaces and equipment
Y	N	Rental equipment, if available, is cleaned and disinfected between uses
Y	N	Locker rooms, if available, and restrooms are cleaned and disinfected every 2 hours
Y	N	Individual shower stalls, if available, are cleaned and disinfected between uses
Y	N	If providing towels, must launder according to CDC guidelines
Comments:		
Communication		
Y	N	NYS Affirmation completed by owner/manager (responsible party) that the gym/fitness center has reviewed and understood the New York State guidelines and WILL implement them.
Y	N	Signage posted for hygiene, social distancing, use of PPE, traffic flow and cleaning and disinfecting protocols
Y	N	Conspicuously post completed Safety Plan
Y	N	Must have protocol in place for disinfection of gym if someone is suspected or confirmed to have COVID-19 (follow CDC guidelines).
Y	N	Must notify State and Local Health Department if an individual at the gym tests positive for COVID-19.
Comments:		
Screening		
Y	N	Health screening conducted for employees and patrons, who must negatively affirm the following: • Been in close contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms • Tested positive for COVID-19 through a diagnostic test in the past 14 days • Experienced any symptoms of COVID-19 in the past 14 days • Traveled within a state with significant community spread of COVID-19 for longer than 24 hours within the past 14 days
Y	N	Individuals are prohibited from entering facility if the do not pass the health screening
Y	N	Facility has designated site safety monitor to ensure compliance
Y	N	Sign In log (name, address, phone) of persons entering facility in use and kept for 28 days
Comments:		

SAMPLE