



Public Health
Prevent. Promote. Protect.
Ontario County, NY

Ontario County Public Health

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Mary Beer, Director



GYM/FITNESS CENTER INSPECTION

Date & Time: _____ **Name/Address:** _____

Inspector(s): _____

NY Forward Reopening Plan on site Yes No Plan Affirmation: Yes No

Room	Square Feet/50=	Code Occupancy	Max COVID Occupancy	Planned Max Occupancy

Sign-In Location/Method: _____

Health Screening Method: _____

Mask use/activity compliance Checked by: _____

All Equipment 6' or More Apart? Yes No

Cleaning supplies available for Patrons: Yes No Location(s): _____

Hand Sanitizer Available?: Yes No SDS Available _____

Frequency of Cleaning Equipment/Showers/Restrooms:

Water Fountains Closed: Yes No Communal Showers Closed: Yes No

HVAC Certification Method (PE, Certified Contractor, etc.): _____

Certification for: MERV Rating ≥ 13 OR System not capable of supporting

Covid Signage Posted: Yes No Alt. Method _____



