



Sauna Action Plan

Organization Name: _____

Plan Date: _____

Our organization has no saunas

All of our saunas already meet the criteria below

Number of saunas without automatic fire sprinkler protection: _____

Action / Condition	Goal Date	Completion Date
Installation of a high-temperature fire sprinkler head in each sauna		
A shut-off switch other than the circuit breaker		
A functioning high-temperature limiting switch		
Temperature controls that are locked or in an area inaccessible to members		
A thermometer showing internal temperature visible from inside sauna		
A clock visible from inside the sauna		
Protocols and practices that limit the maximum temperature to 185°F		
Adequate visibility into the sauna from outside		

CEO Signature: _____

Date: _____