



Regal Spas

"The Emperors of Hydrotherapy!"

**INSTALLATION CHECKLIST
AND
WARRANTY MAINTENANCE
RECORDS**

Revision 09-28-2009

Regal Spas

2954 Rubidoux Blvd.

Riverside, CA 92509

951-684-6667 ♦ 951-684-6677

www.regalspas.com ♦ sales@regalspas.com

Spa Installation Checklist

Required by Regal Spas



Spa Model: _____

Installation Date: _____

Serial Number: _____

2954 Rubidoux Blvd., Riverside, CA 92509

Shell Color: Pearl White Cameo Silk Moonscape II Denim Other _____

Phone: 951-684-6667 FAX: 951-684-6677

Cabinet Color: Grey Redwood Other _____

<http://www.regalspas.com>

Electrician/Contractor Name & Address: _____

Electrician/Contractor Telephone: _____

Electrician/Contractor License: _____

Item Number

1. Is the concrete slab firm and level to install the spa on it? No Yes
2. Is the spa slab at least 3.5" (8.9 cm) thick as recommended? No Yes
3. Does the area around the spa drain water away from the spa in case of water leak? No Yes
4. Is the electrical circuit dedicated only to the spa? No Yes
5. Is the electrical service to the spa 60 Amps at 240 Volts? No Yes
6. Your electrician firmly tightened the screws on the main terminal block inside the Megatrol control box (no vibration)? No Yes
7. Electrical service to main terminal block uses only copper conductors? No Yes
8. 240 Volts is measured between Red and Black wires on main terminal block? No Yes
9. 120 Volts is measured between Black and White wires on main terminal block? No Yes
10. 0 Volts is measured between Green and White wires on main terminal block? No Yes
11. Spa filled to 1/8" (4 mm) above top of the filter grill? No Yes
12. Pump 1 is primed and pumping water? No Yes
13. Pump 2 is primed and pumping water? No Yes
14. Pump 3 is primed and pumping water? No Yes
15. Pump 4 is primed and pumping water? No Yes
16. Did you program the Time of Day on your control? No Yes
17. Did you set your desired temperature? No Yes
18. Did you program your 4 filtration cycles? No Yes

Owner Name: _____

Owner Address: _____

Owner Telephone: _____

Owner Email: _____

Owner Signature: _____

Dealer Name: _____

MUST BE COMPLETED AND MAILED TO REGAL SPAS (SEE ADDRESS ABOVE).



Spa Maintenance Record

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2954 Rubidoux Blvd., Riverside, CA 92509
 Phone: 951-684-6667 FAX: 951-684-6677
<http://www.regal spas.com>

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 Cabinet Color: Grey Redwood

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1									
2									
3									
4				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
5									
6									
7									
8				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
9									
10									
11									
12				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
13									
14									
15									
16				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		

**** pH Level must be maintained between 7.2 and 7.8.
 ** If you notice leaking from a pump seal, you must change the seal immediately.**



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17									
18									
19									
20				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
21									
22									
23									
24				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
25									
26									
27									
28				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
29									
30									
31									
32				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		

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34									
35									
36				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
37									
38									
39									
40				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
41									
42									
43									
44				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
45									
46									
47									
48				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		

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49									
50									
51									
52				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
53									
54									
55									
56				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
57									
58									
59									
60				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
61									
62									
63									
64				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		

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66									
67									
68				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
69									
70									
71									
72				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
73									
74									
75									
76				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
77									
78									
79									
80				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		

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82									
83									
84				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
85									
86									
87									
88				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
89									
90									
91									
92				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
93									
94									
95									
96				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		

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98									
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101									
102									
103									
104				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
105									
106									
107									
108				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
109									
110									
111									
112				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		

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113									
114									
115									
116				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
117									
118									
119									
120				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
121									
122									
123									
124				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
125									
126									
127									
128				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		

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129									
130									
131									
132				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
133									
134									
135									
136				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
137									
138									
139									
140				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
141									
142									
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144				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		

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145									
146									
147									
148				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
149									
150									
151									
152				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
153									
154									
155									
156				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
157									
158									
159									
160				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		

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161									
162									
163									
164				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
165									
166									
167									
168				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
169									
170									
171									
172				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
173									
174									
175									
176				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		

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178									
179									
180				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
181									
182									
183									
184				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
185									
186									
187									
188				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
189									
190									
191									
192				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		

** pH Level must be maintained between 7.2 and 7.8.

** If you notice leaking from a pump seal, you must change the seal immediately.



Spa Maintenance Record

As requested by Manufacturer

2954 Rubidoux Blvd., Riverside, CA 92509

Phone: 951-684-6667

FAX: 951-684-6677

<http://www.regalspas.com>

Spa Model: _____

Serial Number: _____

Shell Color: Pearl White Cameo Silk Moonscape II Denim

Cabinet Color: Grey Redwood

Installation Date: _____

This record must be submitted when requesting Warranty service.

You must record all data items on table below.

Owner Signature: _____

Week	Date	Temp. Setting	pH Level	Pump 1 Seal	Pump 2 Seal	Pump 3 Seal	Pump 4 Seal	Notes	Checked By
Sample	07/05/09	104	7.4	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Leaking		B. Tyler
193									
194									
195									
196				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
197									
198									
199									
200				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
201									
202									
203									
204				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
205									
206									
207									
208				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		

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Spa Maintenance Record

As requested by Manufacturer

2954 Rubidoux Blvd., Riverside, CA 92509

Phone: 951-684-6667

FAX: 951-684-6677

<http://www.regal spas.com>

Spa Model: _____

Serial Number: _____

Shell Color: Pearl White Cameo Silk Moonscape II Denim

Cabinet Color: Grey Redwood

Installation Date: _____

This record must be submitted when requesting Warranty service.

You must record all data items on table below.

Owner Signature: _____

Week	Date	Temp. Setting	pH Level	Pump 1 Seal	Pump 2 Seal	Pump 3 Seal	Pump 4 Seal	Notes	Checked By
Sample	07/05/09	104	7.4	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Leaking		B. Tyler
209									
210									
211									
212				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
213									
214									
215									
216				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
217									
218									
219									
220				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
221									
222									
223									
224				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		

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Spa Maintenance Record

As requested by Manufacturer

2954 Rubidoux Blvd., Riverside, CA 92509
 Phone: 951-684-6667 FAX: 951-684-6677

<http://www.regal spas.com>

Spa Model: _____ Serial Number: _____
 Shell Color: Pearl White Cameo Silk Moonscape II Denim
 Cabinet Color: Grey Redwood

Installation Date: _____

**This record must be submitted when requesting Warranty service.
 You must record all data items on table below.**

Owner Signature: _____

Week	Date	Temp. Setting	pH Level	Pump 1 Seal	Pump 2 Seal	Pump 3 Seal	Pump 4 Seal	Notes	Checked By
Sample	07/05/09	104	7.4	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Leaking		B. Tyler
225									
226									
227									
228				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
229									
230									
231									
232				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
233									
234									
235									
236				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
237									
238									
239									
240				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		

**** pH Level must be maintained between 7.2 and 7.8.**

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As requested by Manufacturer

2954 Rubidoux Blvd., Riverside, CA 92509

Phone: 951-684-6667

FAX: 951-684-6677

<http://www.regalspas.com>

Spa Model: _____

Serial Number: _____

Shell Color: Pearl White Cameo Silk Moonscape II Denim

Cabinet Color: Grey Redwood

Installation Date: _____

This record must be submitted when requesting Warranty service.

You must record all data items on table below.

Owner Signature: _____

Week	Date	Temp. Setting	pH Level	Pump 1 Seal	Pump 2 Seal	Pump 3 Seal	Pump 4 Seal	Notes	Checked By
Sample	07/05/09	104	7.4	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input checked="" type="checkbox"/> Leaking		B. Tyler
241									
242									
243									
244				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
245									
246									
247									
248				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
249									
250									
251									
252				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		
253									
254									
255									
256				<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking	<input type="checkbox"/> Dry <input type="checkbox"/> Leaking		

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