ASF FITNESS & WELLNESS STANDARDS

Complete Reference — Base Standard + 1 Endorsement

Version 3.0 · 2026

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Foreword

This standard originates from a deliberate policy choice made in Georgia in 2014: to advocate for international healthcare accreditation rather than attempt to replace it. Working through the Public Health Institute of Georgia (PHIG, established 2011), its founders organized the country's first structured accreditation initiative — including expert missions by Joint Commission International — and carried this advocacy directly to Georgia's Ministry of Health over the following years.

That advocacy produced, in 2018, the first draft of a Georgian-adapted accreditation standard, and in 2020, the formal establishment of Accréditation Sans Frontières (ASF) as an international legal entity in Paris, alongside the ASF International Standards Council — the standing body responsible for developing and revising ASF's standards. The Council's methodology is directly informed by the World Health Organization's guideline development process, including WHO's use of the GRADE framework for weighing evidence certainty, adapted to the practical work of accreditation. ASF's founder has served since 2016 as a founding member of the UN Secretary-General's Independent Accountability Panel for Every Woman, Every Child, Every Adolescent, and ASF has been a member of the International Society for Quality in Health Care (ISQua) since 2023.

This advocacy also found regulatory validation in Georgian government policy requiring independent international accreditation of hospitals, formally implemented through Order №4/б (26 January 2023).

Consistent with the structure recognized across major international standards bodies, ASF's work spans four pillars: accreditation of organizations against its published standards, accreditation of the standards themselves through the International Standards Council's ongoing review, accreditation of the surveyors who conduct ASF's own assessments, and accreditation of the training that equips facilities and professionals to meet them, delivered through GMJ Academy. This standard has been developed and refined through consultation with practitioners across multiple continents, and every edition includes a Health & Migration endorsement grounded in WHO's Global Competency Standards for health workers serving refugees and migrants — a commitment ASF treats as non-negotiable. Consistent with ASF's founding principle of accreditation without borders, this standard is published in full and made freely available to any organization seeking to build accreditation capacity in its own country.

This, the third edition, is published in 2026. The ASF International Standards Council reviews and revises each standard on a three-year cycle.

About This Document

This is the ASF Fitness & Wellness complete standard — seven mandatory base standards covering the full member journey through any fitness or wellness facility, from a single personal trainer to a large multi-floor health club, plus one built endorsement layering onto that base: Medical Tourism. No endorsement is ever issued alone — it is only assessed after the base standard is genuinely met in full.

Every criterion follows the same two-page structure established across ASF's standards: an assessment page (a facility self-assessment table, and exactly what an ASF assessor will independently check) and a guidance page (why the standard exists, what good and failure look like, how to implement from zero).

Every criterion carries at least one reference. Numbered references are formal, individually verified Vancouver-style citations; where a criterion instead reflects genuine professional consensus without one attributable paper, that is stated honestly rather than assigned an invented citation.

Immediately after this page is the Facility Classification chapter — the same four-type model already established for ASF's Hospital standard, adapted for fitness and wellness facilities specifically: Crisis, Transitional, Small, or Standard.

Alignment With ISO 9001:2015

This standard's governance structure — Standard 7 — is deliberately built to reflect the core management principles of ISO 9001:2015, the international quality management system standard [7]. This is a statement of structural alignment, not a claim of certification: ISO 9001:2015 compliance is a formal status determined only through accredited external audit, which this document does not confer. The table below shows the mapping honestly, clause by clause.

ISO 9001:2015 CLAUSE	WHERE THIS STANDARD REFLECTS IT
Clause 4 — Context of the Organization	Not directly covered — outside this standard's member-safety scope.
Clause 5 — Leadership	7.1 — Leadership Is Real and Accountable
Clause 6 — Planning	3.4 (Risk Register) and 7.8 (Quality Objectives Are Set, Specific, and Tracked)
Clause 7 — Support	4.2 (Credentials), 7.4 (Records), 7.6 (Scope of Practice)
Clause 8 — Operation	Standard 4 (Care & Treatment) in full
Clause 9 — Performance Evaluation	7.7 — Leadership Reviews Overall Performance at Planned Intervals
Clause 10 — Improvement	7.5 (Incident Reporting) and 7.9 (Continual Improvement Process)

Facility Classification — Which Type of Fitness & Wellness Facility Are You?

Four Facility Types, Not One

The same four-category model built for ASF's Hospital standard applies here, with one deliberate change: Small is anchored to service-providing staff count — trainers, instructors, and specialists, not administrative or cleaning staff. A facility with a swimming pool, multiple floors, or on-site medical staff is Standard regardless of this count, since physical scale genuinely changes the risk profile in ways staff count alone doesn't capture.

Standard (ST)

A fully resourced, functioning fitness and wellness facility — a full team of qualified instructors, complete equipment and amenities, no adaptation needed.

Small (SM) — where staffing depth, not crisis or poverty, is the defining constraint

3 or fewer service-providing staff is the confirmed anchor. No single external standard sets this number for the fitness industry the way one exists for hospitals or nursing homes — this reflects the genuine, real-world structure of a small studio or solo trainer, otherwise stable, genuinely limited by team size alone, not by the safety floor.

Transitional (TR)

Real national resource or infrastructure limitation, no active conflict — the same World Bank-anchored logic used throughout ASF's standards.

Crisis (CR)

Active conflict or humanitarian emergency — overrides every other consideration, exactly as in the Hospital standard.

The Universal Floor

A small number of criteria apply in full, in every one of the four types, with no exceptions, regardless of facility size: basic hygiene facilities genuinely available and clean, exercise equipment genuinely calibrated and maintained, fire safety, real consideration of disability access, and a clear smoking policy. Small does not mean a lower safety floor — it means a narrower scope of services on top of the same, unchanged floor.

Which Type of Fitness & Wellness Facility Are You?

Answer these questions in order, top to bottom. The moment you answer YES, stop — that is your answer. If you reach the end still answering NO, you are Standard.

WORK DOWN THIS LIST. STOP AT YOUR FIRST YES.			
1	**Is your country in an active war, armed conflict, or a declared humanitarian emergency right now?** *This means fighting, displacement, or a declared emergency is actually happening now — not that things are generally difficult.*	☐ **YES → CR CRISIS**	☐ NO → next question
2	**Does your national government struggle badly to fund healthcare, or is national power or medicine supply unreliable — even though there is no war or crisis?** *This is about your country as a whole, not just your own facility.*	☐ **YES → TR TRANSITIONAL**	☐ NO → next question
3	**Do you have 3 or fewer service-providing staff — trainers, instructors, specialists, not administrative or cleaning staff — and is that the main reason you cannot offer certain services? A facility with a swimming pool, multiple floors, or on-site medical staff is Standard regardless of this count.** *This applies even in a stable, well-funded country. The limit here is genuine staffing scale, not the safety floor, which stays the same.*	☐ **YES → SM SMALL**	☐ NO → next question
If you answered NO to all three questions above: You are **STANDARD (ST)** — no crisis, no national constraint, and staffing depth is not holding you back.			

THIS IS ME
My type: ☐ **CR** ☐ **TR** ☐ **SM** ☐ **ST**

Example: A three-person Pilates studio in rural Moldova — no active conflict, so NO to question 1. National healthcare funding is genuinely unreliable, so YES to question 2. Stop there. This studio is TR.

> *Verified, not just accepted, on the assessor's visit. If reality is different from what you ticked, the classification is corrected on the spot.*

Table of Contents

STANDARD 1

Pre-Participation Screening & Risk Assessment

MANDATORY

5 criteria

Standard 1.1 **NON-NEGOTIABLE** · *Standard 1: Pre-Participation Screening & Risk Assessment*

Every New Member Completes a Validated Pre-Participation Screening Before Starting

ASSESSMENT ASF-FW-STD1-v3.0

CR FULL	TR FULL	SM FULL	ST FULL

1.1
NON-NEGOTIABLE
L1

THE STANDARD

Every New Member Completes a Validated Pre-Participation Screening Before Starting

Every new member completes a validated pre-participation health screening — covering current activity level, signs or symptoms of disease, and desired exercise intensity — before beginning any exercise program, not after, and not skipped because the member seems visibly fit or healthy.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Does every new member complete a validated screening tool before beginning any exercise program?** *A real, validated tool, not an informal conversation or assumption based on appearance.* Doc: Pre-participation screening record	YES	PARTIAL	NO
2	**Does the screening genuinely cover activity level, disease signs and symptoms, and intended exercise intensity?** *Genuine, complete coverage of all three risk factors, not a partial or generic check.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Is screening completed before the member's first exercise session, not retroactively after they've already started?** *Real, advance completion, not a formality completed after participation has already begun.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Screening record review*	Reviews records for a sample of new members to confirm genuine, validated pre-participation screening.
DOCUMENT *Tool completeness review*	Reviews the actual screening tool for genuine coverage of activity level, symptoms, and intensity.
ASK *Timing interview*	Asks staff to confirm screening timing relative to a new member's first exercise session.

REFERENCES

[1] The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) is established as the international standard for pre-participation risk stratification and screening, with evidence-based preparticipation health screening models stratifying risk based on current physical activity level, presence of disease signs or symptoms, and desired exercise intensity.

Standard 1.1 · *Standard 1: Pre-Participation Screening & Risk Assessment*

Guidance & Learning

GUIDANCE ASF-FW-STD1-v3.0

WHY THIS STANDARD EXISTS

The risk of a serious cardiac event during exercise is genuinely, measurably different depending on a person's current activity level, underlying health status, and how hard they intend to exercise, and a validated screening tool exists specifically because how someone looks is not a reliable indicator of this real, underlying risk.

The evidence: [1] The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) is established as the international standard for pre-participation risk stratification and screening, with evidence-based preparticipation health screening models stratifying risk based on current physical activity level, presence of disease signs or symptoms, and desired exercise intensity.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Every new member completes a genuine, validated screening tool.	✗ Screening is skipped or informal, based on how the member appears.
✓ The tool genuinely covers all three key risk factors.	✗ The tool covers only some risk factors, missing others.
✓ Screening is completed before, not after, the first exercise session.	✗ Members begin exercising before screening is genuinely completed.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Screening happens for structured classes but not consistently for members using equipment independently.**
Real cardiovascular risk during exercise doesn't depend on whether the activity is instructor-led.

2 **The screening tool is used but staff don't consistently review responses before the member starts.**
A completed form that isn't genuinely reviewed provides no real protective value.

3 **Screening is thorough for new memberships but not repeated for guests or drop-in visitors.**
Real cardiovascular risk during exercise doesn't depend on membership status.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current screening practice for genuine, validated tool use and timing.

Week 2 Adopt or strengthen a validated pre-participation screening tool.

Week 3 Establish a process ensuring screening is genuinely completed before first participation.

Ongoing Extend screening consistently to guests and drop-in visitors, not only new members.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask to see the actual screening tool used and confirm it's a real, validated instrument.
A specific, real tool reveals genuine practice, not an assumption of adequacy.

Ask a recent guest or drop-in visitor whether they completed screening before exercising.
This reveals whether the practice genuinely extends beyond formal members.

E-LEARNING academy.gmj.ge/fw-std1-1-preparticipation-screening — 30 min · complete before self-assessment

Standard 1.2 **NON-NEGOTIABLE** · *Standard 1: Pre-Participation Screening & Risk Assessment*

A Positive Screening Result Leads to Genuine Medical Clearance, Not Waived Through

ASSESSMENT ASF-FW-STD1-v3.0

CR ADAPTED	TR FULL	SM FULL	ST FULL

1.2
NON-NEGOTIABLE
L1

THE STANDARD

A Positive Screening Result Leads to Genuine Medical Clearance, Not Waived Through

When a pre-participation screening identifies a genuine risk indicator, the member is genuinely required to obtain medical clearance before beginning exercise — not permitted to proceed anyway because they're eager to start, or because staff feel the risk seems unlikely to matter.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Does a positive screening result genuinely require medical clearance before the member begins exercising?** *A real, enforced requirement, not a recommendation the member can simply decline.* Doc: Medical clearance requirement documentation	YES	PARTIAL	NO
2	**Is this requirement consistently enforced, not waived based on staff judgement or member preference?** *Genuine, consistent enforcement, not exceptions made informally.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Is clearance documentation genuinely verified before the member is permitted to begin, not just requested?** *Real, confirmed documentation, not an assumption clearance was obtained.* Doc: Clearance verification record	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
DOCUMENT *Clearance requirement review*	Reviews whether a positive screening genuinely and consistently triggers a medical clearance requirement.
OBSERVE *Enforcement observation*	Observes or reviews records for consistent enforcement, not informal exceptions.
DOCUMENT *Clearance verification review*	Reviews whether clearance documentation is genuinely verified before participation begins.

REFERENCES

[2] A single positive response on validated pre-participation screening tools is established as sufficient to warrant a recommendation for medical evaluation before exercise participation begins.

Standard 1.2 · *Standard 1: Pre-Participation Screening & Risk Assessment*

Guidance & Learning

GUIDANCE ASF-FW-STD1-v3.0

WHY THIS STANDARD EXISTS

A screening tool only provides real protection if a positive result genuinely changes what happens next — a facility that identifies a risk indicator and then allows the member to exercise anyway has performed the screening in name only, without any of its actual protective function.

The evidence: [2] A single positive response on validated pre-participation screening tools is established as sufficient to warrant a recommendation for medical evaluation before exercise participation begins.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ A positive screening result genuinely, consistently requires medical clearance.	✗ Members with a positive screening are permitted to exercise without clearance.
✓ The requirement is enforced consistently, without informal exceptions.	✗ Enforcement varies based on staff judgement or member pressure.
✓ Clearance documentation is genuinely verified before participation.	✗ Clearance is requested but never actually verified before participation begins.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **The requirement is enforced for new members but less consistently for existing members whose status changes.**
A new risk indicator carries the same real significance regardless of how long someone has been a member.

2 **Clearance is requested but the specific timeframe for obtaining it before returning isn't clearly enforced.**
An open-ended expectation is less reliable than a specific, enforced timeframe.

3 **Documentation is verified for in-person clearance but less consistently for members who provide it remotely.**
Remote clearance documentation deserves the same genuine verification as in-person submission.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current practice for genuine, consistent enforcement of medical clearance requirements.

Week 2 Establish a clear, defined process requiring and verifying clearance before participation.

Week 3 Train staff on consistent enforcement without informal exceptions.

Ongoing Audit clearance requirement enforcement for members with positive screening results.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask for a real, recent example of a positive screening result and what happened next.
A real, traced example reveals whether the requirement is genuinely enforced, not just stated as policy.

Ask staff what they would do if a member with a pending clearance requirement insisted on starting anyway.
A specific, confident answer reveals genuine enforcement practice.

E-LEARNING academy.gmj.ge/fw-std1-2-medical-clearance — 30 min · complete before self-assessment

Standard 1.3 **NON-NEGOTIABLE** · *Standard 1: Pre-Participation Screening & Risk Assessment*

Screening Is Repeated When a Member's Health Status Genuinely Changes

ASSESSMENT ASF-FW-STD1-v3.0

CR ADAPTED	TR FULL	SM ADAPTED	ST FULL

1.3
NON-NEGOTIABLE
L1

THE STANDARD

Screening Is Repeated When a Member's Health Status Genuinely Changes

Pre-participation screening is genuinely repeated when a member's health status changes in a way that could affect exercise risk — not performed once at initial sign-up and treated as valid indefinitely regardless of what happens afterward.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Is there a specific process for members to report a genuine health status change after initial screening?** *A real, known process, not an assumption members will volunteer this information unprompted.* Doc: Health status change reporting process	YES	PARTIAL	NO
2	**Does a reported change genuinely trigger rescreening, not simply get noted without further action?** *Real, active rescreening, not passive documentation of a reported change.* Doc: Rescreening trigger record	YES	PARTIAL	NO
3	**Is screening periodically refreshed even without a specifically reported change, for long-term members?** *Genuine, periodic reassessment, not reliance solely on members proactively reporting changes.* Doc: Periodic rescreening schedule	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Reporting process review*	Reviews the specific process available for members to report a health status change.
DOCUMENT *Rescreening trigger review*	Reviews whether a reported change genuinely triggers active rescreening.
DOCUMENT *Periodic schedule review*	Reviews whether screening is periodically refreshed for long-term members.

REFERENCES

[3] Preparticipation health screening and risk stratification is established as an ongoing process responsive to genuine changes in health status, distinct from a single, one-time assessment treated as valid indefinitely.

Standard 1.3 · *Standard 1: Pre-Participation Screening & Risk Assessment*

Guidance & Learning

GUIDANCE ASF-FW-STD1-v3.0

WHY THIS STANDARD EXISTS

A member's risk profile at the moment they joined doesn't remain fixed for the duration of their membership, and a screening result that's treated as permanently valid provides no real protection against a genuine, subsequent change in health status that could meaningfully affect exercise safety.

The evidence: [3] Preparticipation health screening and risk stratification is established as an ongoing process responsive to genuine changes in health status, distinct from a single, one-time assessment treated as valid indefinitely.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ A real, known process exists for members to report health status changes.	✗ No specific process exists for reporting health status changes.
✓ A reported change genuinely triggers active rescreening.	✗ Reported changes are noted but don't trigger genuine rescreening.
✓ Screening is periodically refreshed for long-term members, not reliant solely on self-report.	✗ Screening is never refreshed after initial sign-up, regardless of membership duration.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **A reporting process exists but isn't proactively communicated to members after their initial sign-up.**
A process members don't know about after their first visit provides limited real protective value.

2 **Rescreening happens for reported cardiac symptoms but less consistently for other relevant changes.**
Multiple types of health change can genuinely affect exercise risk, not cardiac symptoms alone.

3 **Periodic refresh happens but the interval is long enough that meaningful changes could go uncaptured.**
An interval genuinely appropriate to catching real changes is what gives periodic refresh its protective value.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current practice for genuine rescreening versus one-time initial assessment.

Week 2 Establish and communicate a clear process for members to report health status changes.

Week 3 Build a periodic rescreening schedule for long-term members.

Ongoing Confirm reported changes genuinely trigger active rescreening.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask a long-term member whether they've ever been asked to update their health screening.
This tests whether periodic refresh is genuine practice, not a one-time formality.

Ask staff how a member would actually report a new health concern.
A specific, confident answer reveals a genuine, known process.

E-LEARNING academy.gmj.ge/fw-std1-3-screening-repetition — 30 min · complete before self-assessment

Standard 1.4 **CORE** · *Standard 1: Pre-Participation Screening & Risk Assessment* **Risk Stratification Reflects Real, Evidence-Based Criteria**		**ASSESSMENT** ASF-FW-STD1-v3.0

CR N/A	TR FULL	SM ADAPTED	ST FULL

1.4
CORE
L1

THE STANDARD

Risk Stratification Reflects Real, Evidence-Based Criteria

Risk stratification following screening genuinely follows evidence-based criteria — current activity level, disease signs and symptoms, desired exercise intensity — not informal staff judgement about who seems likely to be at risk.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Does risk stratification genuinely follow the evidence-based model, not informal staff judgement?** *A real, structured process using established criteria, not subjective impression.* Doc: Risk stratification protocol documentation	YES	PARTIAL	NO
2	**Are staff conducting stratification genuinely trained on the evidence-based criteria, not relying on general fitness knowledge alone?** *Specific, documented training, not assumed competence.* Doc: Staff training record	YES	PARTIAL	NO
3	**Is stratification consistently applied across different staff members, not varying based on who happens to review it?** *Genuine, consistent application, not results that vary depending on which staff member conducts the review.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Requires improvement plan.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Stratification protocol review*	Reviews the actual risk stratification process for genuine adherence to evidence-based criteria.
DOCUMENT *Staff training review*	Reviews training records confirming staff are specifically trained on the evidence-based model.
OBSERVE *Consistency observation*	Observes or reviews records for consistent stratification across different staff members.

REFERENCES

[4] Established evidence-based preparticipation health screening models use a structured decision process based on current physical activity level, presence of disease signs or symptoms, and desired exercise intensity, distinct from informal staff assessment of risk.

Standard 1.4 · *Standard 1: Pre-Participation Screening & Risk Assessment*

Guidance & Learning

GUIDANCE ASF-FW-STD1-v3.0

WHY THIS STANDARD EXISTS

Evidence-based risk stratification exists specifically because informal judgement about who's likely to be at risk is measurably less reliable than a structured approach using established risk factors, and a facility that substitutes informal impression for the evidence-based model loses the real protective value the model is designed to provide.

The evidence: [4] Established evidence-based preparticipation health screening models use a structured decision process based on current physical activity level, presence of disease signs or symptoms, and desired exercise intensity, distinct from informal staff assessment of risk.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Risk stratification genuinely follows the evidence-based, structured model.	✗ Stratification relies on informal staff judgement, not structured criteria.
✓ Staff are specifically trained on the evidence-based criteria.	✗ No specific training exists beyond general fitness knowledge.
✓ Stratification is applied consistently across all staff conducting it.	✗ Stratification results vary depending on which staff member conducts it.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **The structured model is used for obvious risk cases but informal judgement fills in for ambiguous ones.**
Ambiguous cases are exactly where structured, evidence-based criteria provide the most real protective value.

2 **Training covers the model's basic structure but not the full range of specific risk indicators.**
Genuine competence requires full, specific knowledge of the model's actual criteria.

3 **Consistency is generally strong but newer staff apply the model less confidently.**
Every staff member conducting stratification needs the same genuine competence, regardless of tenure.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current risk stratification practice for genuine evidence-based structure versus informal judgement.

Week 2 Train all staff specifically on the evidence-based stratification model and its full criteria.

Week 3 Establish consistency checks across staff conducting stratification.

Ongoing Refresh staff training periodically, particularly for newer team members.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask a staff member to walk through the actual stratification criteria for a specific, real case.
A specific, confident answer reveals genuine, structured competence, not general fitness knowledge.

Ask how stratification would differ between a newer and a more experienced staff member.
This reveals whether consistency genuinely holds across the whole team.

E-LEARNING academy.gmj.ge/fw-std1-4-evidence-based-stratification — 30 min · complete before self-assessment

	Standard 1.5 **CORE** · *Standard 1: Pre-Participation Screening & Risk Assessment* **Screening Results Genuinely Inform the Individual Exercise Program**	**ASSESSMENT** ASF-FW-STD1-v3.0

CR N/A	TR FULL	SM ADAPTED	ST FULL

1.5
CORE
L1

THE STANDARD

Screening Results Genuinely Inform the Individual Exercise Program

Pre-participation screening results genuinely, actively inform the member's individual exercise program design — not collected as a compliance formality and then filed without any real connection to the actual program the member follows.

FACILITY SELF-ASSESSMENT **Tick YES, PARTIAL, or NO for each question.**

1	**Do screening results genuinely, actively inform the member's individual exercise program?** *Real, demonstrated connection between screening findings and actual program design.* Doc: Program individualization documentation	YES	PARTIAL	NO
2	**Can staff explain how a specific screening finding shaped a specific member's actual program?** *A real, specific, traceable connection, not a general assumption that screening is considered.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Is program individualization revisited if screening results change, not left fixed from the original assessment?** *Genuine, ongoing responsiveness, not a program based only on the initial screening, never revisited.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Requires improvement plan.

WHAT THE ASSESSOR DOES ON SITE **no surprises, no hidden checks**	
DOCUMENT *Individualization connection review*	Reviews evidence connecting screening results to actual individual program design.
ASK *Staff connection interview*	Asks staff to explain how a specific screening finding shaped a specific member's program.
DOCUMENT *Program update review*	Reviews whether program individualization is revisited following a screening update.

REFERENCES

[5] Preparticipation screening results are established as intended to directly inform individualized exercise program design and intensity, distinct from screening treated as an administrative record disconnected from actual program development.

Standard 1.5 · *Standard 1: Pre-Participation Screening & Risk Assessment*

Guidance & Learning

GUIDANCE ASF-FW-STD1-v3.0

WHY THIS STANDARD EXISTS

A screening result that doesn't translate into a genuinely matched exercise program provides only the appearance of individualized safety, not the real thing — the entire protective value of screening depends on the information actually shaping what the member is told to do, not simply existing on file.

The evidence: [5] Preparticipation screening results are established as intended to directly inform individualized exercise program design and intensity, distinct from screening treated as an administrative record disconnected from actual program development.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Screening results genuinely, demonstrably inform individual program design.	✗ Screening is filed without any real connection to actual program design.
✓ Staff can explain specific, real connections between findings and program decisions.	✗ Staff cannot explain how screening findings shaped a specific program.
✓ Program individualization is revisited when screening results change.	✗ Programs remain fixed regardless of any change in screening results.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Connection is clear for members with an identified risk factor but less clear for those screened as lower risk.**
Even a lower-risk screening result should genuinely inform appropriate program design, not just be filed.

2 **Initial program design reflects screening but later program adjustments don't consistently reference it.**
The connection between screening and program design should persist throughout the member's ongoing participation, not only at the start.

3 **Staff describe considering screening generally but can't point to a specific, real example.**
A specific, traceable example is what distinguishes genuine practice from a stated general principle.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current program design practice for genuine connection to screening results.

Week 2 Establish a clear process linking screening findings to individual program decisions.

Week 3 Train staff to document and explain this connection for each member.

Ongoing Revisit program individualization when screening results are updated.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask staff to trace a specific member's screening result through to their actual program.
A real, traceable example reveals genuine connection, not policy language alone.

Ask how a program changed after a member's screening results were updated.
A specific, real example reveals ongoing responsiveness, not a fixed initial assessment.

E-LEARNING academy.gmj.ge/fw-std1-5-program-individualization — 30 min · complete before self-assessment

STANDARD 2

Exercise Supervision & Instructor Qualification

MANDATORY

5 criteria

	Standard 2.1 NON-NEGOTIABLE · *Standard 2: Exercise Supervision & Instructor Qualification* **Every Instructor Holds a Genuine, Accredited Certification**	ASSESSMENT ASF-FW-STD2-v3.0

CR ADAPTED	TR FULL	SM FULL	ST FULL

2.1
NON-NEGOTIABLE
L1

THE STANDARD

Every Instructor Holds a Genuine, Accredited Certification

Every staff member directing exercise — personal trainer, group instructor, specialist coach — holds a genuine, accredited certification from a recognised body, not an informal qualification, a brief in-house orientation, or no formal credential at all.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Does every staff member directing exercise hold a genuine, accredited certification, not an informal or in-house qualification?** *A real, externally accredited certification, not internal training alone.* Doc: Instructor certification record	YES	PARTIAL	NO
2	**Is the specific certifying body and credential genuinely verifiable, not just claimed?** *A real, checkable credential, not an assumed or unverifiable qualification.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Does the certification genuinely match the specific activity the instructor directs — a Pilates certification for Pilates, not a general credential applied broadly?** *Specific, matched qualification, not a general certification stretched to cover unrelated specialties.* Doc: Certification-activity match documentation	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
DOCUMENT *Certification record review*	Reviews certification records for every instructor for genuine, accredited credentials.
DOCUMENT *Verifiability check*	Verifies a sample of claimed certifications against the actual certifying body's records.
DOCUMENT *Activity match review*	Reviews whether each instructor's certification genuinely matches the specific activity they direct.

REFERENCES

[6] The National Commission for Certifying Agencies (NCCA), established in 1989 as an independent accreditation body, requires certification programs to demonstrate compliance with 23 specific accreditation standards, establishing NCCA accreditation as the recognised benchmark for genuine personal trainer and group exercise instructor qualification.

Standard 2.1 · *Standard 2: Exercise Supervision & Instructor Qualification*

Guidance & Learning

GUIDANCE ASF-FW-STD2-v3.0

WHY THIS STANDARD EXISTS

An accredited certification exists specifically to establish a genuine, independently verified baseline of exercise science knowledge, program design competence, and client evaluation skill — without it, a member's safety depends entirely on whatever the individual instructor happens to know, with no external verification that this knowledge actually meets a real, minimum standard.

The evidence: [6] The National Commission for Certifying Agencies (NCCA), established in 1989 as an independent accreditation body, requires certification programs to demonstrate compliance with 23 specific accreditation standards, establishing NCCA accreditation as the recognised benchmark for genuine personal trainer and group exercise instructor qualification.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Every instructor holds a genuine, accredited certification.	✗ Instructors rely on informal or in-house qualification alone.
✓ Certifications are genuinely verifiable against the certifying body.	✗ Claimed certifications cannot be genuinely verified.
✓ Certification specifically matches the activity each instructor directs.	✗ A general certification is stretched to cover specialty activities it doesn't actually address.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 Certification is verified for full-time staff but less consistently for part-time or guest instructors.
Every instructor directing exercise carries the same real responsibility, regardless of employment status.

2 Certification is genuine but hasn't been specifically checked for continued active status.
Some certifications expire or lapse, and continued active status deserves the same verification as initial credentialing.

3 Certification is verified for the primary activity but not for supplementary services the instructor also provides.
Every distinct service an instructor provides deserves its own genuine, matched qualification.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current instructor qualifications for genuine, accredited certification versus informal training.

Week 2 Verify all claimed certifications against the actual certifying bodies.

Week 3 Confirm certification-activity matching for every instructor and specialty offered.

Ongoing Extend verification consistently to part-time and guest instructors.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask to see the actual certification document for a specific instructor, not a general assurance of qualification.
A specific, real document is the evidence of genuine credentialing, not an assumption.

Ask about qualification for a specialty class specifically, not just general fitness instruction.
This reveals whether certification genuinely matches every activity offered, not just the most common one.

E-LEARNING academy.gmj.ge/fw-std2-1-instructor-certification — 30 min · complete before self-assessment

Standard 2.2 **NON-NEGOTIABLE** · *Standard 2: Exercise Supervision & Instructor Qualification*

CPR and AED Certification Is Current for Every Instructor, Verified Not Assumed

ASSESSMENT ASF-FW-STD2-v3.0

CR FULL	TR FULL	SM FULL	ST FULL

2.2
NON-NEGOTIABLE
L1

THE STANDARD

CPR and AED Certification Is Current for Every Instructor, Verified Not Assumed

Every instructor directing exercise holds a current, genuinely verified CPR and AED certification — not a certification that has quietly lapsed, or one assumed current without actually checking the expiration date.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Does every instructor hold a genuinely current CPR and AED certification?** *Real, current certification, not one assumed valid without checking the actual expiration.* Doc: CPR/AED certification record	YES	PARTIAL	NO
2	**Is certification currency actively, specifically verified, not just assumed from initial hiring?** *Real, active verification, not an assumption certification obtained at hire remains valid indefinitely.* Doc: Currency verification process	YES	PARTIAL	NO
3	**Is there a specific process for identifying and addressing a certification that's about to lapse?** *A real, proactive process, not discovering a lapse only after it's already occurred.* Doc: Lapse prevention process	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Certification currency review*	Reviews CPR/AED certification records for every instructor to confirm genuinely current status.
DOCUMENT *Verification process review*	Reviews the process for actively verifying certification currency, not assuming it from hire date.
DOCUMENT *Lapse prevention review*	Reviews the proactive process for identifying certifications approaching expiration.

REFERENCES

[7] Current CPR/AED credentialing is established as a baseline eligibility requirement for accredited fitness certification, reflecting the genuine, specific relevance of cardiac emergency response competence to directing exercise.

Standard 2.2 · *Standard 2: Exercise Supervision & Instructor Qualification*

Guidance & Learning

GUIDANCE ASF-FW-STD2-v3.0

WHY THIS STANDARD EXISTS

A cardiac event during exercise is a real, documented risk this whole standard exists to address, and an instructor whose CPR/AED certification has lapsed provides no more genuine emergency response capability in that moment than someone with no training at all — the certification's real value depends entirely on it actually being current when it's needed.

The evidence: [7] Current CPR/AED credentialing is established as a baseline eligibility requirement for accredited fitness certification, reflecting the genuine, specific relevance of cardiac emergency response competence to directing exercise.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Every instructor holds a genuinely current CPR/AED certification.	✗ Some instructors' certifications have lapsed without being noticed.
✓ Currency is actively, specifically verified, not assumed.	✗ Currency is assumed from initial hire, never actively reverified.
✓ A proactive process identifies and addresses certifications approaching expiration.	✗ No process exists to catch an approaching expiration before it lapses.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Currency is checked for staff CPR/AED but not for guest or contracted instructors.**
Every instructor directing exercise carries the same real emergency response responsibility.

2 **A tracking system exists but isn't consistently reviewed on a regular schedule.**
A tracking system that isn't actively reviewed provides limited real protective value.

3 **Expiration is caught eventually but not far enough in advance to arrange renewal without a gap.**
Genuine advance notice avoids a period where an instructor is directing exercise with lapsed certification.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current CPR/AED certification status for all instructors, including guest and contracted staff.

Week 2 Establish a systematic tracking and verification process for certification currency.

Week 3 Build proactive advance notice for approaching expirations.

Ongoing Audit certification currency on a regular schedule.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask to see the actual, current CPR/AED certification for a specific instructor.
A specific, real, current document reveals genuine verification, not an assumption.

Ask how the facility would know if a certification were about to expire.
A specific, confident answer reveals a genuine, proactive process.

E-LEARNING academy.gmj.ge/fw-std2-2-cpr-aed-currency — 30 min · complete before self-assessment

	Standard 2.3 **NON-NEGOTIABLE** · *Standard 2: Exercise Supervision & Instructor Qualification* **Scope of Practice Is Respected, Not Exceeded**	**ASSESSMENT** ASF-FW-STD2-v3.0

CR N/A	TR FULL	SM FULL	ST FULL

2.3
NON-NEGOTIABLE
L1

THE STANDARD

Scope of Practice Is Respected, Not Exceeded

Instructors genuinely stay within their actual scope of practice — providing exercise guidance and general fitness nutrition information, not individualized medical or clinical nutrition advice that belongs to a licensed dietitian or physician.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Do instructors genuinely stay within their actual certified scope of practice?** *Real, respected boundaries, not advice that quietly exceeds what the certification actually covers.* Doc: N/A — tested directly	YES	PARTIAL	NO
2	**Are instructors specifically trained on the boundary between general fitness guidance and clinical advice requiring referral?** *Specific, documented training on this real boundary, not an assumption instructors will intuit it.* Doc: Scope of practice training record	YES	PARTIAL	NO
3	**Is there a clear referral pathway when a member's need genuinely exceeds an instructor's scope?** *A real, known referral pathway, not the instructor attempting to address something beyond their actual competence.* Doc: Referral pathway documentation	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
OBSERVE *Scope observation*	Observes instructor-member interactions for genuine adherence to scope of practice.
DOCUMENT *Training review*	Reviews training records confirming instructors are specifically trained on scope boundaries.
DOCUMENT *Referral pathway review*	Reviews the referral pathway available when a member's need exceeds instructor scope.

REFERENCES

[8] Fitness nutrition coaching certifications explicitly establish a scope of practice that remains limited compared to that of a registered and licensed dietitian, distinguishing genuine fitness-related guidance from clinical nutrition or medical advice.

Standard 2.3 · *Standard 2: Exercise Supervision & Instructor Qualification*

Guidance & Learning

GUIDANCE ASF-FW-STD2-v3.0

WHY THIS STANDARD EXISTS

An instructor's certification establishes real competence in exercise programming and general fitness guidance, but it explicitly does not establish the clinical competence of a licensed dietitian or physician, and an instructor who exceeds this genuine boundary — however well-intentioned — can give advice that's wrong for a specific member's actual medical situation.

The evidence: [8] Fitness nutrition coaching certifications explicitly establish a scope of practice that remains limited compared to that of a registered and licensed dietitian, distinguishing genuine fitness-related guidance from clinical nutrition or medical advice.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Instructors genuinely, consistently stay within their actual scope of practice.	✗ Instructors provide advice that exceeds their actual certified competence.
✓ Instructors are specifically trained on the real boundary requiring referral.	✗ No specific training addresses scope of practice boundaries.
✓ A clear referral pathway exists and is used when scope is exceeded.	✗ No referral pathway exists for needs beyond instructor scope.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Scope is respected for nutrition specifically but less clearly defined for other health-adjacent topics.**
Every area where an instructor's competence has real limits deserves the same clear boundary.

2 **Instructors understand the general principle but aren't confident identifying specific situations requiring referral.**
General awareness needs to translate into genuine, practical recognition of real boundary situations.

3 **A referral pathway exists but isn't consistently used when a genuine scope boundary is reached.**
A pathway that exists but isn't genuinely used doesn't provide real protection.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current practice for genuine scope of practice adherence.

Week 2 Train instructors specifically on scope boundaries and recognising when referral is needed.

Week 3 Establish a clear, known referral pathway for needs beyond instructor scope.

Ongoing Audit instructor guidance for continued scope adherence.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask an instructor to describe where their scope of practice ends and referral begins.
A specific, confident answer reveals genuine understanding, not assumed awareness.

Ask for a real, recent example of a member referred elsewhere for a need beyond instructor scope.
A real example reveals whether the referral pathway is genuinely used, not just theoretically available.

E-LEARNING academy.gmj.ge/fw-std2-3-scope-of-practice — 30 min · complete before self-assessment

Standard 2.4 **NON-NEGOTIABLE** · *Standard 2: Exercise Supervision & Instructor Qualification*

A Class or Session Is Never Run Without a Qualified Instructor Actually Present

ASSESSMENT ASF-FW-STD2-v3.0

CR FULL	TR FULL	SM FULL	ST FULL

2.4
NON-NEGOTIABLE
L1

THE STANDARD

A Class or Session Is Never Run Without a Qualified Instructor Actually Present

Every group class and supervised session has a genuinely qualified instructor actually present and actively supervising for its full duration — not a class run unsupervised, or supervision handed off to an unqualified staff member when the certified instructor is unavailable.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Is a genuinely qualified instructor actually present for the full duration of every class or supervised session?** *Real, continuous presence, not supervision that lapses partway through.* Doc: Class supervision record	YES	PARTIAL	NO
2	**Is there a specific, defined process for what happens if the scheduled instructor becomes unavailable?** *A real, defined backup process, not the class running unsupervised or handed to an unqualified staff member.* Doc: Instructor unavailability protocol	YES	PARTIAL	NO
3	**Is supervision genuinely active — attentive, engaged — not merely nominal presence in the room?** *Real, active supervision, not passive presence while attention is elsewhere.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
OBSERVE *Supervision presence observation*	Observes an actual class or session for genuine, continuous qualified instructor presence.
DOCUMENT *Unavailability protocol review*	Reviews the specific process for handling scheduled instructor unavailability.
OBSERVE *Active supervision observation*	Observes whether supervision is genuinely active and attentive, not merely nominal.

REFERENCES

[9] Professionally qualified exercise staff, possessing academic training, practical and clinical knowledge, skills, and abilities commensurate with defined credentials, is established as a foundational requirement for safe exercise facility operation, distinct from unsupervised or informally supervised activity.

Standard 2.4 · *Standard 2: Exercise Supervision & Instructor Qualification*

Guidance & Learning

GUIDANCE ASF-FW-STD2-v3.0

WHY THIS STANDARD EXISTS

The entire protective value of instructor qualification depends on a qualified person actually being present and attentive during the activity itself — a certification on file means nothing in the moment a member needs real, active supervision if the qualified instructor isn't actually there.

The evidence: [9] Professionally qualified exercise staff, possessing academic training, practical and clinical knowledge, skills, and abilities commensurate with defined credentials, is established as a foundational requirement for safe exercise facility operation, distinct from unsupervised or informally supervised activity.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ A qualified instructor is genuinely present for the full duration of every session.	✗ Classes sometimes run without a qualified instructor actually present.
✓ A specific, defined process handles instructor unavailability without compromising supervision.	✗ No defined process exists for instructor unavailability, risking unsupervised sessions.
✓ Supervision is genuinely active and attentive throughout.	✗ Supervision is nominal, with attention genuinely elsewhere during the class.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Supervision is reliable for scheduled classes but less consistent for open equipment areas.**
Genuine supervision matters across all supervised areas, not scheduled classes alone.

2 **A backup process exists but relies on whichever staff member happens to be available, not a specifically qualified alternate.**
A genuine backup needs to maintain the same qualification standard as the original supervision.

3 **Presence is consistent but attention is sometimes divided with administrative tasks during the session.**
Active, genuine supervision requires real attentional focus on the activity itself.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current supervision practice for genuine, continuous qualified presence.

Week 2 Establish a specific, qualified backup process for instructor unavailability.

Week 3 Address any administrative task overlap that divides attention during active supervision.

Ongoing Audit supervision presence and attentiveness periodically.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Observe an actual class or session directly for genuine, continuous qualified presence.
Direct observation reveals whether supervision is genuine, not assumed from the schedule.

Ask what happens if the scheduled instructor calls in unavailable shortly before a class.
A specific, confident answer reveals a genuine backup process, not improvisation.

E-LEARNING academy.gmj.ge/fw-std2-4-continuous-supervision — 30 min · complete before self-assessment

Standard 2.5 **CORE** · *Standard 2: Exercise Supervision & Instructor Qualification*

Instructor Credentials Are Verified Before Hire and Periodically Reconfirmed

ASSESSMENT ASF-FW-STD2-v3.0

CR ADAPTED	TR FULL	SM FULL	ST FULL

2.5
CORE
L1

THE STANDARD

Instructor Credentials Are Verified Before Hire and Periodically Reconfirmed

Instructor credentials are genuinely verified before hire — confirmed directly with the certifying body, not accepted on the instructor's own representation alone — and periodically reconfirmed thereafter, not verified once and assumed to remain accurate indefinitely.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Are instructor credentials genuinely verified directly with the certifying body before hire, not accepted on self-report alone?** *Real, direct verification, not simply trusting what the applicant claims.* Doc: Pre-hire verification record	YES	PARTIAL	NO
2	**Is verification periodically reconfirmed after hire, not treated as permanently established?** *Real, periodic reconfirmation, not a one-time check assumed to remain valid indefinitely.* Doc: Periodic reconfirmation record	YES	PARTIAL	NO
3	**Is there a specific process for what happens if reconfirmation reveals a credential has changed or lapsed?** *A real, defined response, not discovery without any resulting action.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Requires improvement plan.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Pre-hire verification review*	Reviews evidence of genuine, direct verification with certifying bodies before hire.
DOCUMENT *Periodic reconfirmation review*	Reviews whether credentials are genuinely reconfirmed periodically after hire.
ASK *Response process interview*	Asks staff what happens if periodic reconfirmation reveals a credential issue.

REFERENCES

[10] Genuine verification of claimed certifications directly with accredited certifying bodies, distinct from acceptance of self-reported credentials, is established practice for ensuring instructor qualification is real, not merely claimed.

Standard 2.5 · *Standard 2: Exercise Supervision & Instructor Qualification*

Guidance & Learning

GUIDANCE ASF-FW-STD2-v3.0

WHY THIS STANDARD EXISTS

A credential claimed by a prospective instructor could be inaccurate, expired, or entirely fabricated, and genuine pre-hire verification directly with the certifying body — not simply accepting what the applicant states — is what actually confirms the real qualification this whole standard depends on.

The evidence: [10] Genuine verification of claimed certifications directly with accredited certifying bodies, distinct from acceptance of self-reported credentials, is established practice for ensuring instructor qualification is real, not merely claimed.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Credentials are genuinely verified directly with certifying bodies before hire.	✗ Credentials are accepted on the applicant's own representation without direct verification.
✓ Verification is periodically reconfirmed, not treated as permanent.	✗ Verification happens once at hire and is never reconfirmed.
✓ A real, defined response follows if reconfirmation reveals an issue.	✗ No defined response exists if a credential issue is later discovered.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Direct verification happens for the primary certification but not for supplementary specialty credentials.**
Every credential relied upon for a specific activity deserves the same genuine verification.

2 **Reconfirmation happens but at an interval long enough that a lapse could go uncaught for a meaningful period.**
A genuinely protective interval catches issues before they've mattered for an extended time.

3 **A response process exists but hasn't been tested against a real, identified credential issue.**
An untested process may not function as intended when genuinely needed.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current hiring practice for genuine, direct credential verification.

Week 2 Establish direct verification with certifying bodies for all claimed credentials.

Week 3 Build a periodic reconfirmation schedule with a defined response process.

Ongoing Reconfirm credentials on the established schedule.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask how the facility would directly verify a specific instructor's claimed certification.
A specific, confident answer reveals a genuine verification process, not assumed trust.

Ask for a real example of periodic reconfirmation catching an actual credential issue.
A real example, or its honest absence, reveals whether reconfirmation genuinely functions.

E-LEARNING academy.gmj.ge/fw-std2-5-credential-verification — 30 min · complete before self-assessment

STANDARD 3

Emergency Preparedness & Cardiac Event Response

MANDATORY

5 criteria

Standard 3.1 **NON-NEGOTIABLE** · *Standard 3: Emergency Preparedness & Cardiac Event Response*

An AED Is Genuinely Within a Two-Minute Round Trip of Every Exercise Area

ASSESSMENT ASF-FW-STD3-v3.0

CR FULL	TR FULL	SM FULL	ST FULL

3.1
NON-NEGOTIABLE
L1

THE STANDARD

An AED Is Genuinely Within a Two-Minute Round Trip of Every Exercise Area

An automated external defibrillator is genuinely positioned within a two-minute walking round trip of every area where exercise takes place, verified directly by physically walking the actual route, not estimated or assumed from the facility's general layout.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Is an AED genuinely positioned within a two-minute walking round trip of every area where exercise occurs?** *A real, verified distance, not an estimate based on general facility layout.* Doc: AED placement verification	YES	PARTIAL	NO
2	**Has this distance been physically walked and timed, not just measured on a floor plan?** *Real, physical verification, not a theoretical calculation.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**For a multi-floor or large facility, are multiple AEDs positioned to genuinely meet this standard everywhere, not just near the main entrance?** *Genuine, complete coverage of every exercise area, not concentrated in one convenient location.* Doc: Multi-AED coverage documentation	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
OBSERVE *Physical distance verification*	Physically walks the route from each exercise area to the nearest AED and times the actual round trip.
DOCUMENT *Placement documentation review*	Reviews AED placement records and facility layout for genuine two-minute coverage.
OBSERVE *Multi-area coverage check*	Confirms coverage extends to every exercise area in a large or multi-floor facility, not just the primary space.

REFERENCES

[11] A study of sudden cardiac arrest across 252 sports facilities over 18 years found neurologically intact survival rates of 93 percent in centres with an on-site AED compared with 9 percent in centres without one, with on-site AED presence the only independent predictor of survival in multivariate analysis.

Standard 3.1 · *Standard 3: Emergency Preparedness & Cardiac Event Response*

Guidance & Learning

GUIDANCE ASF-FW-STD3-v3.0

WHY THIS STANDARD EXISTS

Survival after sudden cardiac arrest declines by 7 to 10 percent for every minute defibrillation is delayed, and a real, published study of sports centers found 93 percent neurologically intact survival where an AED was on-site, compared with 9 percent where it wasn't — this single factor is the strongest independent predictor of survival identified in that research, which makes actual placement distance a genuinely life-or-death detail, not a general safety formality.

The evidence: [11] A study of sudden cardiac arrest across 252 sports facilities over 18 years found neurologically intact survival rates of 93 percent in centres with an on-site AED compared with 9 percent in centres without one, with on-site AED presence the only independent predictor of survival in multivariate analysis.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ An AED is genuinely within a verified two-minute round trip of every exercise area.	✗ AED placement exceeds a two-minute round trip from some exercise areas.
✓ Distance has been physically walked and timed, not just estimated.	✗ Distance is estimated from a floor plan, never physically verified.
✓ Large or multi-floor facilities have multiple AEDs genuinely covering every area.	✗ A single AED serves a large facility, leaving some areas genuinely uncovered.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Coverage is adequate for the main gym floor but not verified for a separate studio or outdoor training area.**
Every genuine exercise area deserves the same real coverage, not only the primary space.

2 **The route was walked once at installation but hasn't been reverified after any layout change.**
A layout change can genuinely alter real walking distance, and verification needs to reflect current conditions.

3 **Coverage is adequate during normal hours but not reassessed for areas open during reduced staffing.**
Genuine coverage needs to hold regardless of which hours or areas are actually in use.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Physically walk and time the actual route from every exercise area to the nearest AED.

Week 2 Address any area exceeding the two-minute round trip standard.

Week 3 For larger facilities, position additional AEDs to achieve genuine, complete coverage.

Ongoing Reverify distances after any facility layout change.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Physically walk the route from the furthest exercise area to the nearest AED and time it directly.
Direct, physical verification is the only real evidence of genuine coverage, not a floor-plan estimate.

Ask about coverage for any less obvious exercise area, like an outdoor space or a separate studio.
This is where coverage gaps most commonly hide.

E-LEARNING academy.gmj.ge/fw-std3-1-aed-placement — 30 min · complete before self-assessment

	Standard 3.2 **NON-NEGOTIABLE** · *Standard 3: Emergency Preparedness & Cardiac Event Response* **AED Function Is Verified Through Regular, Documented Maintenance Checks**	**ASSESSMENT** ASF-FW-STD3-v3.0

CR FULL	TR FULL	SM FULL	ST FULL

3.2
NON-NEGOTIABLE
L1

THE STANDARD

AED Function Is Verified Through Regular, Documented Maintenance Checks

The AED's function is genuinely verified through regular, documented checks — battery status, pad expiration, device readiness — not assumed functional because it's present, given most AED models lack built-in connectivity and require active, manual verification.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Is AED function genuinely verified through regular, documented checks, not assumed from presence alone?** *Real, scheduled, documented verification, not an assumption the device works because it's there.* Doc: AED maintenance check record	YES	PARTIAL	NO
2	**Are battery status and pad expiration specifically checked, not just general device presence?** *Specific, genuine verification of these particular components, not a general glance at the device.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Is there a specific, immediate process for what happens if a check identifies a problem?** *A real, defined response, not a problem identified without resulting action.* Doc: Maintenance issue response process	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
DOCUMENT *Maintenance check record review*	Reviews documented, regular AED maintenance checks for genuine, specific verification.
OBSERVE *Current device check*	Physically checks the AED's actual current battery and pad status.
DOCUMENT *Issue response review*	Reviews the process for responding to an identified maintenance issue.

REFERENCES

[12] Most AED models lack built-in connectivity to report their own status, establishing regular, manual verification of battery status, pad expiration, and device readiness as necessary practice, distinct from assumed functionality based on presence alone.

Standard 3.2 · *Standard 3: Emergency Preparedness & Cardiac Event Response*

Guidance & Learning

GUIDANCE ASF-FW-STD3-v3.0

WHY THIS STANDARD EXISTS

An AED that's present but not functional provides none of its real, documented survival benefit, and because most AED models don't automatically report their own status, a facility that doesn't actively, manually verify function on a regular schedule has no real way of knowing whether the device would actually work in a genuine emergency.

The evidence: [12] Most AED models lack built-in connectivity to report their own status, establishing regular, manual verification of battery status, pad expiration, and device readiness as necessary practice, distinct from assumed functionality based on presence alone.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ AED function is genuinely, regularly checked and documented.	✗ AED function is assumed adequate simply because the device is present.
✓ Battery status and pad expiration are specifically, actively verified.	✗ Checks, if they happen, don't specifically verify battery or pad status.
✓ A real, defined response addresses any identified issue immediately.	✗ An identified issue doesn't trigger any specific, resulting response.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Checks happen but not on a consistently maintained monthly schedule.**
A consistent, regular schedule is what makes verification genuinely reliable, not occasional attention.

2 **Battery status is checked but pad expiration dates are less consistently verified.**
Both components need genuine, specific verification for the device to actually function when needed.

3 **Checks are documented but the documentation isn't reviewed to confirm checks are actually happening as scheduled.**
A documentation process that isn't itself reviewed provides limited real assurance.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current AED maintenance practice for genuine, regular, documented checks.

Week 2 Establish a monthly check schedule specifically verifying battery and pad status.

Week 3 Build a defined, immediate response process for any identified issue.

Ongoing Confirm checks are genuinely occurring as scheduled through documentation review.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask to see the actual, current maintenance log and physically check the device's current status.
A real, current record compared against actual device status reveals genuine verification, not assumed function.

Ask what happens specifically if a check reveals an expired pad.
A specific, confident answer reveals a genuine response process, not an assumption it would be handled.

E-LEARNING academy.gmj.ge/fw-std3-2-aed-maintenance — 30 min · complete before self-assessment

Standard 3.3 **NON-NEGOTIABLE** · *Standard 3: Emergency Preparedness & Cardiac Event Response*

Every Staff Member Present Can Actually Use the AED and Perform CPR

ASSESSMENT ASF-FW-STD3-v3.0

CR FULL	TR FULL	SM ADAPTED	ST FULL

3.3
NON-NEGOTIABLE
L1

THE STANDARD

Every Staff Member Present Can Actually Use the AED and Perform CPR

Every staff member present during operating hours — not only certified instructors — is genuinely trained and able to use the AED and perform CPR, not limited to whichever certified instructor happens to be nearby when a cardiac event occurs.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Can every staff member present during operating hours, not only certified instructors, actually use the AED and perform CPR?** *Genuine, broad capability across all staff, not limited to certified instructors alone.* Doc: Staff CPR/AED training record	YES	PARTIAL	NO
2	**Is this training genuinely current for every staff member, not lapsed for those in non-instructor roles?** *Real, current training for everyone present, not only those whose primary role involves direct exercise instruction.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Would a staff member confidently know what to do if a cardiac event occurred and no certified instructor were immediately nearby?** *Genuine, confident readiness, not uncertainty about acting without an instructor present.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Broad training record review*	Reviews CPR/AED training records for all staff present during operating hours, not only instructors.
DOCUMENT *Currency review*	Reviews whether training is genuinely current across all staff roles.
ASK *Non-instructor confidence interview*	Asks a non-instructor staff member how confident they'd be responding to a cardiac event.

REFERENCES

[13] Early CPR and early defibrillation are established as the critical links in the chain of survival for cardiac arrest, with survival highest when both occur within the first minutes of collapse, establishing broad staff response capability, not reliance on a single certified individual, as necessary for genuine emergency readiness.

Standard 3.3 · *Standard 3: Emergency Preparedness & Cardiac Event Response*

Guidance & Learning

GUIDANCE ASF-FW-STD3-v3.0

WHY THIS STANDARD EXISTS

A cardiac event doesn't wait for the right staff member to be in the right place, and survival depends on immediate action within the first minutes — limiting genuine response capability to only certified instructors, rather than every staff member present, means a real emergency occurring near administrative or support staff loses precious time waiting for the right person to arrive.

The evidence: [13] Early CPR and early defibrillation are established as the critical links in the chain of survival for cardiac arrest, with survival highest when both occur within the first minutes of collapse, establishing broad staff response capability, not reliance on a single certified individual, as necessary for genuine emergency readiness.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Every staff member present, not only instructors, is genuinely trained and capable.	✗ CPR/AED capability is limited to certified instructors alone.
✓ Training is genuinely current across all staff roles.	✗ Training has lapsed for staff outside direct instruction roles.
✓ Non-instructor staff report genuine confidence responding to a cardiac event.	✗ Non-instructor staff express genuine uncertainty about responding.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Front-desk and administrative staff receive initial training but refreshers lapse more than for instructors.**
Every staff member's readiness deserves the same genuine, ongoing reinforcement, not just instructors'.

2 **Training is broad but confidence varies significantly among non-instructor staff.**
Training completion alone doesn't guarantee the genuine, confident readiness a real emergency requires.

3 **Coverage is strong during peak hours but thinner during early morning or late evening shifts.**
A cardiac event can occur at any operating hour, and readiness shouldn't depend on time of day.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current CPR/AED training coverage across all staff roles and shifts.

Week 2 Extend training to all staff present during operating hours, not instructors alone.

Week 3 Establish a consistent refresher schedule across all roles.

Ongoing Confirm coverage specifically during lower-staffed shifts.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask a front-desk or administrative staff member directly whether they're trained and confident in CPR/AED use.
This tests whether genuine capability extends beyond instructors, not an assumption it does.

Check training currency specifically for staff working early morning or late evening shifts.
This is where coverage gaps most commonly appear.

E-LEARNING academy.gmj.ge/fw-std3-3-broad-staff-response-capability — 30 min · complete before self-assessment

Standard 3.4 **NON-NEGOTIABLE** · *Standard 3: Emergency Preparedness & Cardiac Event Response*

A Cardiac Event Triggers an Immediate, Practiced Response, Not Improvisation

ASSESSMENT ASF-FW-STD3-v3.0

CR FULL	TR FULL	SM ADAPTED	ST FULL

3.4
NON-NEGOTIABLE
L1

THE STANDARD

A Cardiac Event Triggers an Immediate, Practiced Response, Not Improvisation

The facility maintains a specific, practiced emergency response protocol for a cardiac event — clear roles, a defined communication process, a rehearsed sequence of actions — not a general expectation that staff will respond appropriately in the moment without ever having practiced it.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Does the facility maintain a specific, defined emergency response protocol for a cardiac event?** *A real, specific protocol with defined roles, not a general expectation of appropriate response.* Doc: Cardiac emergency response protocol	YES	PARTIAL	NO
2	**Has this protocol genuinely been practiced through a real drill, not only described in a written document?** *Real, rehearsed practice, not a protocol that exists only on paper.* Doc: Drill record	YES	PARTIAL	NO
3	**Are staff roles specifically defined for this scenario — who calls emergency services, who retrieves the AED, who begins CPR?** *Specific, practiced role clarity, not general awareness that everyone should help.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Protocol documentation review*	Reviews the actual, specific cardiac emergency response protocol.
DOCUMENT *Drill record review*	Reviews records of genuine, practiced emergency drills, not protocol description alone.
ASK *Role clarity interview*	Asks staff to describe their specific role during a cardiac emergency response.

REFERENCES

[14] The chain of survival for cardiac arrest specifically requires early recognition, early CPR, early defibrillation, and early advanced care as coordinated, sequential actions, establishing a genuinely practiced, defined response protocol as necessary, distinct from improvised action in the moment.

Standard 3.4 · *Standard 3: Emergency Preparedness & Cardiac Event Response*

Guidance & Learning

GUIDANCE ASF-FW-STD3-v3.0

WHY THIS STANDARD EXISTS

Survival in the first minutes after a cardiac event depends on immediate, coordinated action, and a response improvised for the first time during an actual emergency is measurably less reliable than one that's been genuinely rehearsed — the difference between a practiced protocol and general good intentions is often the difference in how quickly a victim actually receives defibrillation.

The evidence: [14] The chain of survival for cardiac arrest specifically requires early recognition, early CPR, early defibrillation, and early advanced care as coordinated, sequential actions, establishing a genuinely practiced, defined response protocol as necessary, distinct from improvised action in the moment.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ A specific, defined emergency response protocol genuinely exists.	✗ No specific protocol exists beyond a general expectation of appropriate response.
✓ The protocol has been genuinely practiced through real drills.	✗ The protocol exists only in writing, never practiced through a drill.
✓ Staff roles are specifically defined and confidently known.	✗ Staff are uncertain about their specific role during a cardiac emergency.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **A protocol exists and has been drilled, but not recently enough to remain genuinely fresh for current staff.**
Genuine readiness depends on recent, real practice, not a drill from long ago.

2 **Roles are clear for full-time staff but not consistently reinforced for newer or part-time team members.**
Every staff member present during a real emergency needs the same genuine role clarity.

3 **The protocol covers the main exercise floor but hasn't specifically been drilled for a less typical area, like an outdoor space.**
Every genuine exercise area deserves the same practiced readiness.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current emergency response protocol for specificity and genuine practice history.

Week 2 Define specific staff roles for cardiac emergency response.

Week 3 Conduct a genuine, practiced drill covering the full protocol.

Ongoing Repeat drills periodically, ensuring newer staff are included.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask staff to describe their specific role during a cardiac emergency, not a general description of the protocol.
A specific, confident answer reveals genuine, practiced readiness.

Ask when the last real drill occurred and who participated.
A specific, recent answer reveals genuine practice, not a protocol that exists only on paper.

E-LEARNING academy.gmj.ge/fw-std3-4-practiced-emergency-response — 30 min · complete before self-assessment

Standard 3.5 **CORE** · *Standard 3: Emergency Preparedness & Cardiac Event Response*

Post-Event Review Genuinely Examines Response Time and Outcome

ASSESSMENT ASF-FW-STD3-v3.0

CR N/A	TR FULL	SM ADAPTED	ST FULL

3.5
CORE
L1

THE STANDARD

Post-Event Review Genuinely Examines Response Time and Outcome

Following any real cardiac event or drill, the facility genuinely reviews actual response time and outcome — how long until the AED arrived, how long until the first shock — with real, resulting improvement where warranted, not an event that passes without any structured reflection on what actually happened.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Does the facility genuinely review actual response time following a real event or drill?** *Real, specific measurement of actual time, not a general sense that response was adequate.* Doc: Post-event review documentation	YES	PARTIAL	NO
2	**Is genuine, resulting improvement made where review identifies a real gap?** *Real, resulting action, not review without any consequence.* Doc: Improvement action record	YES	PARTIAL	NO
3	**Are drills specifically reviewed the same way as real events, not treated as a lesser exercise?** *Genuine, equal attention to drills, not only real emergencies.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Requires improvement plan.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Post-event review documentation review*	Reviews evidence of genuine response time measurement following real events or drills.
DOCUMENT *Improvement action review*	Reviews whether genuine, resulting improvement follows identified review findings.
ASK *Drill review interview*	Asks staff whether drills receive the same genuine review as real events.

REFERENCES

[15] On-site AED use is associated with meaningfully faster time to first shock compared with externally delivered defibrillation, establishing genuine measurement of actual response time as necessary to confirming a facility's real readiness matches the evidence-based standard, not merely assumed adequate.

Standard 3.5 · *Standard 3: Emergency Preparedness & Cardiac Event Response*

Guidance & Learning

GUIDANCE ASF-FW-STD3-v3.0

WHY THIS STANDARD EXISTS

The real, documented survival benefit of on-site AEDs and rapid response depends entirely on response times that are actually as fast as they need to be, and a facility that doesn't genuinely review its own real response time after an event or drill has no way of knowing whether its actual practice matches what the evidence requires, or has quietly drifted slower than it should be.

The evidence: [15] On-site AED use is associated with meaningfully faster time to first shock compared with externally delivered defibrillation, establishing genuine measurement of actual response time as necessary to confirming a facility's real readiness matches the evidence-based standard, not merely assumed adequate.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Real response time is genuinely measured and reviewed following events or drills.	✗ No genuine review of actual response time occurs.
✓ Genuine, resulting improvement follows identified gaps.	✗ Review, if it happens, doesn't lead to any resulting improvement.
✓ Drills receive the same genuine review attention as real events.	✗ Drills are treated as a lesser exercise, without the same genuine review.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Response time is generally discussed after an event but not specifically, numerically measured.**
A specific, measured time reveals genuine performance more reliably than a general impression.

2 **Review happens for real events but drills don't consistently receive the same structured attention.**
Drills are the primary, regular opportunity to catch and correct gaps before a real event occurs.

3 **Findings are identified but resulting changes aren't consistently tracked to confirm implementation.**
An identified gap that isn't tracked to genuine resolution may not actually be fixed.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current practice for genuine response time measurement following events or drills.

Week 2 Establish a structured review process specifically measuring actual response time.

Week 3 Build genuine review attention for drills, equal to real events.

Ongoing Track identified improvements through to confirmed implementation.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask for the actual, measured response time from the most recent drill.
A specific, real number reveals genuine measurement, not a general impression of adequacy.

Ask what changed as a result of the most recent drill review.
A real, specific example reveals whether review leads to genuine improvement.

E-LEARNING academy.gmj.ge/fw-std3-5-post-event-review — 30 min · complete before self-assessment

STANDARD 4

Equipment Safety & Facility Environment

MANDATORY

5 criteria

	Standard 4.1 NON-NEGOTIABLE · *Standard 4: Equipment Safety & Facility Environment* **Equipment Inspection Follows a Genuine, Tiered Schedule**	ASSESSMENT ASF-FW-STD4-v3.0

CR ADAPTED	TR FULL	SM FULL	ST FULL

4.1
NON-NEGOTIABLE
L1

THE STANDARD

Equipment Inspection Follows a Genuine, Tiered Schedule

Exercise equipment is inspected on a genuine, tiered schedule — a quick check before each use, a more thorough inspection daily or weekly covering bolts, cables, and belts, and a deep maintenance inspection following manufacturer guidelines — not a single, informal check treated as sufficient for every level of real wear.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Is there a genuine quick check performed before each use, not skipped as a formality?** *Real, consistent practice, not an assumption equipment is fine because it was fine yesterday.* Doc: Before-use check protocol	YES	PARTIAL	NO
2	**Does a more thorough inspection — bolts, cables, belts — genuinely happen daily or weekly, documented?** *A real, documented, scheduled inspection, not an informal glance.* Doc: Daily/weekly inspection record	YES	PARTIAL	NO
3	**Does deep maintenance inspection genuinely follow manufacturer guidelines on the recommended schedule?** *Real, scheduled compliance with manufacturer-specific requirements, not a generic interval applied to all equipment.* Doc: Deep maintenance schedule documentation	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
OBSERVE *Before-use check observation*	Observes whether a genuine before-use check practice is actually followed.
DOCUMENT *Daily/weekly inspection review*	Reviews documented records of thorough, scheduled inspection covering bolts, cables, and belts.
DOCUMENT *Deep maintenance schedule review*	Reviews whether deep maintenance follows the specific manufacturer-recommended schedule for each equipment type.

REFERENCES

[16] Recognised fitness equipment maintenance practice establishes a genuine, tiered inspection schedule: a quick visual and functional check before each use, a more thorough inspection of bolts, cables, and belts on a daily or weekly basis, and deep maintenance inspection following manufacturer guidelines, distinct from a single, undifferentiated check.

Standard 4.1 · *Standard 4: Equipment Safety & Facility Environment*

Guidance & Learning

GUIDANCE ASF-FW-STD4-v3.0

WHY THIS STANDARD EXISTS

Different failure risks genuinely emerge at different timescales — a loose bolt might be caught by a quick daily glance, but a frayed internal cable or stress-fatigued weld often only surfaces through the kind of deeper, scheduled inspection a daily check was never designed to catch — and a facility relying on just one level of inspection is genuinely blind to whatever risk that level doesn't cover.

The evidence: [16] Recognised fitness equipment maintenance practice establishes a genuine, tiered inspection schedule: a quick visual and functional check before each use, a more thorough inspection of bolts, cables, and belts on a daily or weekly basis, and deep maintenance inspection following manufacturer guidelines, distinct from a single, undifferentiated check.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ A genuine before-use check is consistently practiced.	✗ No genuine before-use check happens; equipment use begins without any real verification.
✓ Thorough daily or weekly inspection is genuinely documented.	✗ Thorough inspection, if it happens, isn't documented or scheduled.
✓ Deep maintenance follows manufacturer-specific schedules, not a generic interval.	✗ Deep maintenance follows a generic schedule unrelated to manufacturer guidance.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Daily inspection happens for cardio equipment but less consistently for strength and free-weight areas.**
Every equipment category carries genuine, real failure risk deserving the same inspection discipline.

2 **Deep maintenance is scheduled but occasionally delayed when the facility is busy.**
A schedule that slips under operational pressure doesn't provide the genuine protection it's designed for.

3 **Documentation exists for inspections but isn't reviewed to confirm they're genuinely happening as scheduled.**
A documentation process not itself reviewed provides limited real assurance of genuine compliance.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current equipment inspection practice against the genuine, tiered standard.

Week 2 Establish or strengthen documented daily or weekly inspection covering bolts, cables, and belts.

Week 3 Confirm deep maintenance scheduling matches specific manufacturer guidelines for each equipment type.

Ongoing Audit inspection documentation to confirm genuine, consistent compliance.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask to see the actual, current inspection log, not a general assurance equipment is checked.
A real, specific record reveals genuine practice, not an assumption of adequacy.

Ask when the most recent deep maintenance inspection occurred for a specific piece of equipment.
A specific, real date reveals whether the schedule is genuinely followed, not just described in policy.

E-LEARNING academy.gmj.ge/fw-std4-1-tiered-inspection — 30 min · complete before self-assessment

	Standard 4.2 **NON-NEGOTIABLE** · *Standard 4: Equipment Safety & Facility Environment* **Treadmill Safety Features Are Verified Functional, Not Assumed Present**	**ASSESSMENT** ASF-FW-STD4-v3.0

CR FULL	TR FULL	SM FULL	ST FULL

4.2
NON-NEGOTIABLE
L1

THE STANDARD

Treadmill Safety Features Are Verified Functional, Not Assumed Present

Every treadmill's emergency stop mechanism — the safety key or clip designed to immediately halt the belt — is verified genuinely present and functional through active testing, not assumed to work because it's physically attached to the machine.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Is every treadmill's emergency stop mechanism actively tested, not just visually confirmed as present?** *Real, active functional testing, not an assumption it works because it's attached.* Doc: Emergency stop function test record	YES	PARTIAL	NO
2	**Is this testing genuinely part of the scheduled inspection process, not a separate, easily overlooked step?** *Integrated, scheduled testing, not something that can quietly be skipped.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Is a treadmill with a non-functional emergency stop immediately taken out of service, not left available?** *Real, immediate removal from use, not continued availability with a known, unresolved safety gap.* Doc: Out-of-service protocol	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
OBSERVE *Emergency stop function test*	Actively tests a sample of treadmill emergency stop mechanisms for genuine function.
DOCUMENT *Testing schedule review*	Reviews whether emergency stop testing is genuinely integrated into scheduled inspection.
DOCUMENT *Out-of-service review*	Reviews whether equipment with a non-functional emergency stop is genuinely, immediately removed from availability.

REFERENCES

[17] The Consumer Product Safety Commission has documented hundreds of incidents involving individuals being pulled under moving treadmill belts, establishing genuine, active verification of treadmill emergency stop mechanisms as necessary, distinct from assumed function based on physical presence alone.

Standard 4.2 · *Standard 4: Equipment Safety & Facility Environment*

Guidance & Learning

GUIDANCE ASF-FW-STD4-v3.0

WHY THIS STANDARD EXISTS

Regulatory agencies have documented hundreds of real incidents of people, including children, being pulled under a moving treadmill belt, and the emergency stop mechanism exists specifically to prevent exactly this outcome — a mechanism that's physically present but not actually verified functional provides the appearance of protection without any of its real, life-saving value.

The evidence: [17] The Consumer Product Safety Commission has documented hundreds of incidents involving individuals being pulled under moving treadmill belts, establishing genuine, active verification of treadmill emergency stop mechanisms as necessary, distinct from assumed function based on physical presence alone.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Every treadmill's emergency stop mechanism is actively, genuinely tested.	✗ Emergency stop function is assumed from physical presence, never actively tested.
✓ Testing is integrated into the scheduled inspection process.	✗ Testing, if it happens, is separate and easily overlooked.
✓ Non-functional mechanisms result in immediate, genuine removal from service.	✗ Equipment with a known non-functional mechanism remains available for use.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Testing happens but isn't performed with the same consistency across every treadmill in the facility.**
Every treadmill carries the same real risk and deserves the same genuine testing discipline.

2 **A non-functional mechanism is identified but the equipment isn't removed from service immediately.**
A known, unresolved safety gap left available provides no real protection during the delay.

3 **Testing occurs during scheduled maintenance but member-reported concerns between scheduled checks aren't consistently investigated immediately.**
A member-reported concern deserves the same immediate, genuine response as a scheduled finding.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current treadmill emergency stop verification for genuine, active testing.

Week 2 Integrate active emergency stop testing into scheduled inspection for every treadmill.

Week 3 Establish an immediate out-of-service protocol for any identified non-function.

Ongoing Investigate member-reported concerns about emergency stop function immediately.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask staff to actively test a treadmill's emergency stop mechanism in front of you.
Direct, live testing reveals genuine function, not an assumption based on the mechanism's presence.

Ask what happens specifically if a member reports an emergency stop that doesn't seem to work.
A specific, confident answer reveals a genuine, immediate response process.

E-LEARNING academy.gmj.ge/fw-std4-2-treadmill-safety-verification — 30 min · complete before self-assessment

Standard 4.3 **CORE** · *Standard 4: Equipment Safety & Facility Environment*

Equipment Spacing Genuinely Supports Safe, Accessible Pathways

ASSESSMENT ASF-FW-STD4-v3.0

CR N/A	TR FULL	SM ADAPTED	ST FULL

4.3
CORE
L1

THE STANDARD

Equipment Spacing Genuinely Supports Safe, Accessible Pathways

Cardio and strength equipment is genuinely spaced to maintain safe, accessible pathways between machines — a real, measured minimum distance, not equipment positioned as closely together as physically possible to maximize floor capacity.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Is equipment genuinely spaced to maintain the recognised minimum distance for safe, accessible pathways?** *A real, measured spacing standard, not equipment positioned for maximum density.* Doc: Equipment spacing verification	YES	PARTIAL	NO
2	**Has this spacing been physically measured, not just visually estimated as adequate?** *Real, physical measurement, not a general impression of sufficient space.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Do pathways genuinely accommodate a member using a mobility aid, not just an able-bodied member moving freely?** *Genuine accessibility for mobility aid users specifically, not assumed adequate from general spacing alone.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Requires improvement plan.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

OBSERVE *Spacing measurement*	Physically measures spacing between equipment against the recognised minimum standard.
DOCUMENT *Layout documentation review*	Reviews facility layout documentation for genuine, measured spacing compliance.
OBSERVE *Mobility aid accessibility check*	Assesses whether pathways genuinely accommodate a member using a mobility aid.

REFERENCES

[18] Established fitness facility safety practice requires cardio equipment to be spaced at least 19.7 inches apart to maintain accessible pathways, reflecting a genuine, measured minimum distance rather than equipment density prioritized over safe access.

Standard 4.3 · *Standard 4: Equipment Safety & Facility Environment*

Guidance & Learning

GUIDANCE ASF-FW-STD4-v3.0

WHY THIS STANDARD EXISTS

Inadequate spacing between equipment creates a genuine, real risk of collision, entrapment, and inaccessibility for members using mobility aids, and a facility that prioritizes maximum equipment density over genuine, measured spacing trades real safety for floor capacity.

The evidence: [18] Established fitness facility safety practice requires cardio equipment to be spaced at least 19.7 inches apart to maintain accessible pathways, reflecting a genuine, measured minimum distance rather than equipment density prioritized over safe access.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Equipment spacing genuinely meets the recognised minimum distance standard.	✗ Equipment is spaced more closely than the recognised minimum standard.
✓ Spacing has been physically measured, not visually estimated.	✗ Spacing adequacy is assumed from visual impression, never physically measured.
✓ Pathways genuinely accommodate mobility aid users, not just able-bodied movement.	✗ Pathways don't genuinely accommodate mobility aid users.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Spacing meets the standard in the main equipment area but not in a secondary or overflow space.**
Every area where equipment is used deserves the same genuine spacing standard.

2 **Spacing was adequate at initial layout but has narrowed as additional equipment was added over time.**
Spacing needs to be genuinely reverified whenever the equipment layout changes, not assumed to remain constant.

3 **General pathways are adequate but specific transition points, like between equipment rows, are narrower.**
Every point along a pathway needs the same genuine spacing, not just the general area.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Physically measure current equipment spacing against the recognised minimum standard.

Week 2 Address any area falling short of the standard.

Week 3 Specifically verify pathway accessibility for mobility aid users.

Ongoing Reverify spacing whenever equipment layout changes.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Physically measure spacing between a sample of equipment pieces directly.
Direct measurement reveals genuine compliance, not a visual impression of adequate space.

Walk the pathways as a mobility aid user would need to.
This tests genuine accessibility, not just general spacing sufficiency for able-bodied movement.

E-LEARNING academy.gmj.ge/fw-std4-3-equipment-spacing — 30 min · complete before self-assessment

	Standard 4.4 NON-NEGOTIABLE · *Standard 4: Equipment Safety & Facility Environment* **Malfunctioning Equipment Is Immediately Tagged Out of Service**	ASSESSMENT ASF-FW-STD4-v3.0

CR FULL	TR FULL	SM FULL	ST FULL

4.4
NON-NEGOTIABLE
L1

THE STANDARD

Malfunctioning Equipment Is Immediately Tagged Out of Service

Equipment identified as malfunctioning — through inspection, staff observation, or member report — is immediately, visibly tagged out of service and genuinely prevented from use, not left available while awaiting repair or treated as a minor issue members can work around.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Is malfunctioning equipment immediately, visibly tagged out of service upon identification?** *Real, immediate, visible action, not equipment left available while awaiting eventual repair.* Doc: Out-of-service tagging protocol	YES	PARTIAL	NO
2	**Is this equipment genuinely, physically prevented from use, not just marked while remaining accessible?** *Real, physical prevention of use, not a sign alone without actual access restriction.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Are staff and members alike aware that a tagged item is genuinely off-limits, not an informal suggestion?** *Genuine, clear communication that use is prohibited, not merely discouraged.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
OBSERVE *Tagging practice observation*	Observes whether malfunctioning equipment is genuinely, immediately tagged and physically restricted.
DOCUMENT *Protocol documentation review*	Reviews the specific, defined out-of-service protocol.
ASK *Staff and member awareness interview*	Asks staff and a member whether a tagged item is genuinely understood as off-limits.

REFERENCES

[19] Malfunctioning fitness equipment has resulted in documented, serious injury including spinal injury from equipment failure, establishing immediate, visible removal from availability upon identification of malfunction as necessary, distinct from continued availability pending eventual repair.

Standard 4.4 · *Standard 4: Equipment Safety & Facility Environment*

Guidance & Learning

GUIDANCE ASF-FW-STD4-v3.0

WHY THIS STANDARD EXISTS

Malfunctioning equipment is a genuine, real cause of documented, serious injury — including cases of catastrophic failure resulting in significant harm — and a facility that identifies a malfunction but doesn't immediately, visibly remove the equipment from availability leaves that same real risk active for every subsequent member who might use it.

The evidence: [19] Malfunctioning fitness equipment has resulted in documented, serious injury including spinal injury from equipment failure, establishing immediate, visible removal from availability upon identification of malfunction as necessary, distinct from continued availability pending eventual repair.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Malfunctioning equipment is immediately, visibly tagged and genuinely restricted from use.	✗ Malfunctioning equipment remains available while awaiting eventual repair.
✓ Physical prevention, not just a sign, keeps the equipment genuinely inaccessible.	✗ A sign is posted but the equipment remains physically accessible.
✓ Staff and members clearly understand tagged equipment is genuinely off-limits.	✗ Staff or members treat a tagged item as an informal suggestion, not a genuine restriction.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 Tagging happens reliably for equipment identified during scheduled inspection but less consistently for member-reported issues.
A member-reported malfunction carries the same real, immediate risk as one found during scheduled inspection.

2 Equipment is tagged but physical access isn't consistently restricted, relying on the sign alone.
Genuine restriction requires more than a sign a member might reasonably overlook or disregard.

3 Tagging happens promptly during staffed hours but response is slower during lower-staffed periods.
A malfunction identified at any hour carries the same real risk and deserves the same immediate response.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current out-of-service practice for genuine, immediate tagging and physical restriction.

Week 2 Establish a clear, defined protocol for immediate tagging following any identification method.

Week 3 Build genuine physical restriction, not signage alone, for tagged equipment.

Ongoing Audit response time for member-reported malfunctions specifically.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask for a real, recent example of equipment being tagged out of service and how quickly it happened.
A real, traced example reveals whether tagging is genuinely immediate, not just policy language.

Check whether a tagged item, if one currently exists, is genuinely physically inaccessible.
Direct observation reveals whether restriction is real, not just a sign a member could disregard.

E-LEARNING academy.gmj.ge/fw-std4-4-immediate-out-of-service — 30 min · complete before self-assessment

Standard 4.5 **NON-NEGOTIABLE** · *Standard 4: Equipment Safety & Facility Environment*

Facility Environment Genuinely Supports Safe Exercise

ASSESSMENT ASF-FW-STD4-v3.0

CR ADAPTED	TR FULL	SM FULL	ST FULL

4.5
NON-NEGOTIABLE
L1

THE STANDARD

Facility Environment Genuinely Supports Safe Exercise

The facility's physical environment — flooring condition, ventilation, cleanliness of shared surfaces — genuinely supports safe exercise, not merely meets a minimum documented standard while real, everyday conditions tell a different story.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Does flooring genuinely support safe exercise — free of damage, appropriate for the activity — not just appear acceptable?** *Real, verified flooring condition, not a general visual impression.* Doc: Flooring condition documentation	YES	PARTIAL	NO
2	**Is ventilation genuinely adequate for exertion-level activity, not just comfortable at rest?** *Real, activity-appropriate ventilation, not assumed adequate from general comfort.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Are shared equipment surfaces genuinely, regularly cleaned, not left to member self-wipe alone?** *Real, facility-driven cleaning practice, not sole reliance on individual members to maintain hygiene.* Doc: Cleaning schedule documentation	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

OBSERVE *Flooring condition observation*	Physically inspects flooring for genuine, current condition and appropriateness to activity.
OBSERVE *Ventilation assessment*	Assesses ventilation adequacy specifically during periods of active, exertion-level use.
DOCUMENT *Cleaning schedule review*	Reviews the facility's own cleaning schedule for shared equipment surfaces, not reliance on member self-wipe alone.

REFERENCES

[20] Established fitness facility safety practice requires genuine attention to flooring condition, ventilation, and shared surface hygiene as core components of facility environment safety, distinct from equipment-specific safety considered in isolation from the broader physical environment.

Standard 4.5 · *Standard 4: Equipment Safety & Facility Environment*

Guidance & Learning

GUIDANCE ASF-FW-STD4-v3.0

WHY THIS STANDARD EXISTS

A facility's real, physical environment shapes exercise safety just as much as the equipment itself — inadequate flooring creates genuine slip and fall risk, poor ventilation compounds real cardiovascular strain during exertion, and shared surface hygiene affects genuine infection risk in a setting where many people touch the same equipment in close succession.

The evidence: [20] Established fitness facility safety practice requires genuine attention to flooring condition, ventilation, and shared surface hygiene as core components of facility environment safety, distinct from equipment-specific safety considered in isolation from the broader physical environment.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Flooring genuinely supports safe exercise, verified through direct inspection.	✗ Flooring condition is assumed acceptable without genuine, current inspection.
✓ Ventilation is genuinely adequate during exertion-level activity, not just at rest.	✗ Ventilation is comfortable at rest but inadequate during actual exertion.
✓ Shared surfaces are genuinely, regularly cleaned through facility-driven practice.	✗ Cleaning relies solely on individual members, with no facility-driven schedule.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Flooring is well-maintained in the main area but a secondary space hasn't been recently inspected.**
Every area where exercise occurs deserves the same genuine attention to flooring safety.

2 **Ventilation is adequate on typical days but noticeably strained during peak attendance.**
Genuine adequacy needs to hold specifically when demand is highest, not only under typical conditions.

3 **A cleaning schedule exists but isn't consistently followed during high-volume periods.**
Hygiene matters most exactly when equipment turnover between users is fastest.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Physically assess flooring, ventilation, and cleaning practice for genuine, real-world adequacy.

Week 2 Address any flooring condition issue identified in less-monitored areas.

Week 3 Assess ventilation specifically during peak attendance periods.

Ongoing Confirm cleaning schedule adherence during high-volume periods specifically.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Physically inspect flooring directly, including in secondary or less-visited areas.
Direct observation reveals genuine condition, not assumed adequacy from general impression.

Ask about ventilation specifically during the facility's busiest period.
This is where environmental adequacy is most likely to be genuinely tested.

E-LEARNING academy.gmj.ge/fw-std4-5-facility-environment — 30 min · complete before self-assessment

STANDARD 5

Program Design & Individualization

MANDATORY

5 criteria

	Standard 5.1 NON-NEGOTIABLE · *Standard 5: Program Design & Individualization* **Every Program Is Built Using the FITT-VP Framework, Not a Generic Template**	ASSESSMENT ASF-FW-STD5-v3.0
CR ADAPTED	TR FULL	SM FULL / ST FULL

5.1
NON-NEGOTIABLE
L1

THE STANDARD

Every Program Is Built Using the FITT-VP Framework, Not a Generic Template

Every member's exercise program is genuinely designed using the FITT-VP framework — frequency, intensity, time, type, volume, and progression, each specifically set for that individual — not a generic template applied to every member regardless of their actual goals, fitness level, or health status.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Is every member's program genuinely designed using the FITT-VP framework, not a generic template?** *Real, individual-specific design across all six variables, not a template applied uniformly.* Doc: Individual program design documentation	YES	PARTIAL	NO
2	**Are frequency, intensity, time, type, volume, and progression each specifically, deliberately set for this individual?** *Genuine, deliberate setting of every variable, not some left at a generic default.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Can staff explain why this specific program's variables were set the way they were for this specific member?** *A real, individual rationale, not a generic justification applicable to any member.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Program design review*	Reviews individual program documentation for genuine FITT-VP-based design, not generic template application.
DOCUMENT *Variable-setting review*	Reviews whether all six FITT-VP variables are specifically, deliberately set for the individual.
ASK *Rationale interview*	Asks staff to explain the specific rationale behind a specific member's program variables.

REFERENCES

[21] The FITT-VP principle — frequency, intensity, time, type, volume, and progression — is established as the core structural framework for individualized exercise prescription, reflecting that a prescription effective for one individual may be entirely inappropriate for another.

Standard 5.1 · *Standard 5: Program Design & Individualization*

Guidance & Learning

GUIDANCE ASF-FW-STD5-v3.0

WHY THIS STANDARD EXISTS

A prescription that works well for one individual can be entirely inappropriate for another, and the FITT-VP framework exists specifically because effective, safe exercise programming requires deliberately setting each of these variables to the individual — a generic template skips this deliberate process entirely, applying the same demands to people with genuinely different real capacities.

The evidence: [21] The FITT-VP principle — frequency, intensity, time, type, volume, and progression — is established as the core structural framework for individualized exercise prescription, reflecting that a prescription effective for one individual may be entirely inappropriate for another.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Every program is genuinely designed using the full FITT-VP framework.	✗ Programs follow a generic template applied regardless of individual circumstances.
✓ All six variables are specifically, deliberately set for the individual.	✗ Some FITT-VP variables default to a generic setting, not individually determined.
✓ Staff can explain the specific, individual rationale behind program design.	✗ Staff cannot explain why a specific program was designed as it was.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Intensity and type are individualized but frequency and volume default to a standard recommendation.**
Every one of the six variables carries real, individual significance, not only the most commonly adjusted ones.

2 **Design is genuinely individualized for personal training clients but less so for group class participants.**
Individualization matters for every member's safety and effectiveness, not personal training clients alone.

3 **Documentation exists but doesn't clearly capture the individual reasoning behind each variable.**
Clear documentation of reasoning helps confirm genuine individualization, not assumed from outcome alone.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current program design practice for genuine FITT-VP individualization versus generic templates.

Week 2 Train staff on deliberately setting all six FITT-VP variables for each individual.

Week 3 Extend individualized design practice to group class participants, not personal training alone.

Ongoing Document the specific individual rationale behind program design decisions.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask staff to walk through the specific FITT-VP reasoning behind a real member's current program.
A specific, real explanation reveals genuine individualization, not a generic template applied uniformly.

Compare two different members' programs to confirm genuine, meaningful variation.
Genuinely different programs for genuinely different individuals reveal real individualization, not superficial variation.

E-LEARNING academy.gmj.ge/fw-std5-1-fitt-vp-individualization — 30 min · complete before self-assessment

	Standard 5.2 **NON-NEGOTIABLE** · *Standard 5: Program Design & Individualization* **Progressive Overload Is Genuinely Gradual, Not "Too Much, Too Soon"**	**ASSESSMENT** ASF-FW-STD5-v3.0
CR ADAPTED	**TR** FULL	**SM** FULL	**ST** FULL

5.2
NON-NEGOTIABLE
L1

THE STANDARD

Progressive Overload Is Genuinely Gradual, Not "Too Much, Too Soon"

Program progression genuinely increases demand gradually, allowing real recovery between increases — not advancing intensity, volume, or frequency faster than the member's actual body can adapt to and recover from.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Does progression genuinely increase demand gradually, allowing real recovery between increases?** *Real, gradual progression matched to actual recovery capacity, not advancement faster than the body can adapt.* Doc: Progression schedule documentation	YES	PARTIAL	NO
2	**Is progression pace specifically adjusted for an individual member, not a fixed schedule applied to everyone?** *Genuine, individual pacing, not a generic progression timeline regardless of individual recovery.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Is there a specific process for recognising signs a member's progression is outpacing their genuine recovery?** *A real, active recognition process, not progression continuing regardless of warning signs.* Doc: Overtraining recognition process	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
DOCUMENT *Progression pace review*	Reviews program progression schedules for genuine, gradual pacing matched to recovery.
DOCUMENT *Individual pacing review*	Reviews whether progression pace is individually adjusted, not fixed uniformly.
ASK *Warning sign recognition interview*	Asks staff how they recognise when a member's progression is outpacing genuine recovery.

REFERENCES

[22] When training load exceeds genuine recovery capacity, the body cannot repair adequately before the next demand, resulting in increased weakness and injury risk rather than fitness adaptation, establishing gradual, recovery-matched progression as a genuine safety requirement, not solely an effectiveness consideration.

Standard 5.2 · *Standard 5: Program Design & Individualization*

Guidance & Learning

GUIDANCE ASF-FW-STD5-v3.0

WHY THIS STANDARD EXISTS

When load increases faster than genuine recovery can keep pace, the body doesn't get fitter — it gets weaker and more injury-prone, because it genuinely cannot repair itself in time before the next demand arrives, and this specific, documented mechanism is what makes overly aggressive progression a real safety issue, not just a suboptimal training choice.

The evidence: [22] When training load exceeds genuine recovery capacity, the body cannot repair adequately before the next demand, resulting in increased weakness and injury risk rather than fitness adaptation, establishing gradual, recovery-matched progression as a genuine safety requirement, not solely an effectiveness consideration.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Progression genuinely increases demand gradually, matched to real recovery.	✗ Progression advances faster than genuine recovery can support.
✓ Progression pace is individually adjusted, not fixed uniformly.	✗ A fixed progression schedule is applied regardless of individual recovery.
✓ A real process recognises and responds to signs of outpaced recovery.	✗ No process exists to recognise or respond to overtraining warning signs.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Progression pace is generally conservative but doesn't specifically account for a member's reported fatigue or soreness.**
Genuine individualization should respond to real, reported signals, not only a predetermined schedule.

2 **Recognition happens for obvious signs of overtraining but subtler indicators are less consistently caught.**
Early recognition of subtler signs prevents the situation from progressing to something more serious.

3 **Progression is gradual for new members but accelerates once a member is perceived as more experienced.**
Genuine recovery capacity, not perceived experience level, should determine appropriate progression pace.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current progression practice for genuine, gradual pacing matched to individual recovery.

Week 2 Establish individual pacing adjustment based on reported fatigue and recovery signals.

Week 3 Train staff on recognising both obvious and subtler signs of outpaced recovery.

Ongoing Review progression pacing periodically against actual member recovery patterns.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask how progression pace would change for a member reporting persistent soreness.
A specific, thoughtful answer reveals genuine, individual responsiveness, not a fixed schedule.

Ask staff to describe subtler signs of overtraining, not only obvious ones.
This reveals genuine, nuanced understanding, not surface-level awareness of the concept.

E-LEARNING academy.gmj.ge/fw-std5-2-gradual-progression — 30 min · complete before self-assessment

Standard 5.3 **NON-NEGOTIABLE** · *Standard 5: Program Design & Individualization*

Programs for Members With Identified Health Conditions Are Specifically Adapted

ASSESSMENT ASF-FW-STD5-v3.0

CR ADAPTED	TR FULL	SM ADAPTED	ST FULL

5.3
NON-NEGOTIABLE
L1

THE STANDARD

Programs for Members With Identified Health Conditions Are Specifically Adapted

A member with an identified health condition — from pre-participation screening or otherwise disclosed — receives a program specifically adapted to that condition, ideally under medical guidance where genuinely warranted, not a standard program applied as though the condition weren't a factor.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Does a member with an identified health condition receive a program specifically adapted to that condition?** *Real, condition-specific adaptation, not a standard program applied regardless.* Doc: Condition-adapted program documentation	YES	PARTIAL	NO
2	**Is this adaptation genuinely informed by medical guidance where the condition warrants it?** *Real, appropriate medical input, not staff independently determining adaptation beyond their own scope.* Doc: Medical guidance documentation	YES	PARTIAL	NO
3	**Is the connection between screening findings and program adaptation genuinely traceable, not assumed?** *A real, specific, traceable connection, not an assumption that adaptation generally happens.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Condition adaptation review*	Reviews programs for members with identified conditions for genuine, specific adaptation.
DOCUMENT *Medical guidance review*	Reviews evidence of appropriate medical guidance informing adaptation where warranted.
ASK *Traceability interview*	Asks staff to trace a specific member's screening finding through to their actual program adaptation.

REFERENCES

[23] Exercise for members with chronic health conditions must be individualized and carried out with appropriate consideration of medical guidance, not through a generic program, establishing that for this population, individualization is fundamentally a safety matter, not solely an effectiveness consideration.

Standard 5.3 · *Standard 5: Program Design & Individualization*

Guidance & Learning

GUIDANCE ASF-FW-STD5-v3.0

WHY THIS STANDARD EXISTS

For a member with a genuine health condition, individualization isn't only about training effectiveness — it's a real matter of safety, and a program that doesn't specifically account for a documented condition ignores exactly the information the pre-participation screening process exists to surface and use.

The evidence: [23] Exercise for members with chronic health conditions must be individualized and carried out with appropriate consideration of medical guidance, not through a generic program, establishing that for this population, individualization is fundamentally a safety matter, not solely an effectiveness consideration.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Members with identified conditions receive genuinely, specifically adapted programs.	✗ Standard programs are applied to members with identified conditions as though unadapted.
✓ Adaptation is genuinely informed by appropriate medical guidance where warranted.	✗ Adaptation, if it happens, isn't informed by appropriate medical guidance.
✓ The connection from screening to adaptation is real and traceable.	✗ No traceable connection exists between screening findings and program adaptation.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Adaptation happens for cardiovascular conditions but less consistently for other identified conditions.**
Every genuinely identified condition deserves the same specific, careful adaptation.

2 **Medical guidance is sought for major conditions but staff independently adapt for less severe ones without documented input.**
Staff should recognise the real limits of their own scope, seeking guidance whenever genuinely warranted, not only for the most severe cases.

3 **Adaptation happens initially but isn't revisited if the condition's status changes.**
A condition's real impact on safe exercise can change, and adaptation should genuinely track this.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current practice for genuine, condition-specific program adaptation.

Week 2 Establish a clear process for seeking medical guidance where a condition genuinely warrants it.

Week 3 Build a traceable connection between screening findings and program adaptation.

Ongoing Revisit adaptation as a member's condition status changes.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask to trace a specific member's identified condition through to their actual program adaptation.
A real, traceable example reveals genuine practice, not an assumption of general adaptation.

Ask staff where they'd draw the line between adapting independently and seeking medical guidance.
A specific, thoughtful answer reveals genuine understanding of real scope limits.

E-LEARNING academy.gmj.ge/fw-std5-3-condition-specific-adaptation — 30 min · complete before self-assessment

Standard 5.4 **CORE** · *Standard 5: Program Design & Individualization*

Rest and Recovery Are Genuinely Built Into the Program

ASSESSMENT ASF-FW-STD5-v3.0

CR N/A	TR FULL	SM ADAPTED	ST FULL

5.4
CORE
L1

THE STANDARD

Rest and Recovery Are Genuinely Built Into the Program

Program design genuinely includes scheduled rest and recovery, appropriate to the individual's training load — not treated as an optional afterthought the member is left to arrange for themselves, disconnected from the actual program.

FACILITY SELF-ASSESSMENT **Tick YES, PARTIAL, or NO for each question.**

1	**Does program design genuinely include scheduled rest and recovery, not left to the member to arrange independently?** *Real, specific rest scheduling as part of the program, not an unaddressed gap.* Doc: Recovery scheduling documentation	YES	PARTIAL	NO
2	**Is recovery scheduling genuinely appropriate to this individual's actual training load and recovery capacity?** *Genuine, individual appropriateness, not a generic rest interval applied regardless of load.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Are members genuinely educated on why recovery matters, not just told to rest without explanation?** *Real, genuine education on the purpose of recovery, not an instruction without context.* Doc: Member recovery education documentation	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Requires improvement plan.

WHAT THE ASSESSOR DOES ON SITE **no surprises, no hidden checks**

DOCUMENT *Recovery scheduling review*	Reviews program documentation for genuine, specific rest and recovery scheduling.
DOCUMENT *Appropriateness review*	Reviews whether recovery scheduling is genuinely matched to individual training load.
ASK *Member education interview*	Asks a member whether they understand why recovery is built into their program.

REFERENCES

[24] Rest and recovery are established as an integral, scheduled component of exercise prescription frameworks, necessary to prevent injury and enable genuine physiological adaptation, distinct from recovery treated as an unaddressed matter left to individual member discretion.

Standard 5.4 · *Standard 5: Program Design & Individualization*

Guidance & Learning

GUIDANCE ASF-FW-STD5-v3.0

WHY THIS STANDARD EXISTS

Rest isn't the absence of programming — it's a genuine, necessary part of the adaptation process itself, and a program that specifies training demands without genuinely addressing recovery leaves exactly the variable that determines whether those demands produce real adaptation or real injury risk entirely up to the member's own, unguided judgment.

The evidence: [24] Rest and recovery are established as an integral, scheduled component of exercise prescription frameworks, necessary to prevent injury and enable genuine physiological adaptation, distinct from recovery treated as an unaddressed matter left to individual member discretion.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Rest and recovery are genuinely, specifically scheduled within the program.	✗ Recovery is left entirely to the member's own, unguided judgment.
✓ Scheduling is genuinely appropriate to the individual's actual training load.	✗ Recovery scheduling, if present, is generic regardless of individual load.
✓ Members genuinely understand why recovery matters, not just told to rest.	✗ Members are told to rest without any real understanding of why it matters.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Recovery is scheduled for high-intensity training but less consistently for moderate-intensity programs.**
Genuine recovery need exists across intensity levels, not high-intensity training alone.

2 **Scheduling exists but isn't adjusted when a member's actual training load changes.**
Recovery scheduling should genuinely track actual changes in demand, not remain fixed from initial design.

3 **Members are told to rest on specific days but don't understand the underlying reasoning.**
Genuine understanding helps members respect recovery guidance rather than treating it as an arbitrary instruction.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current program design for genuine, specific recovery scheduling.

Week 2 Build recovery scheduling appropriate to individual training load across intensity levels.

Week 3 Develop member education explaining the genuine purpose of recovery scheduling.

Ongoing Adjust recovery scheduling as a member's actual training load changes.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask to see a specific member's program and confirm recovery is genuinely, specifically scheduled.
A real, specific example reveals genuine practice, not an assumption recovery is addressed.

Ask a member why rest days are included in their program.
A genuine, informed answer reveals real education, not just an instruction followed without understanding.

E-LEARNING academy.gmj.ge/fw-std5-4-recovery-scheduling — 30 min · complete before self-assessment

Standard 5.5 **CORE** · *Standard 5: Program Design & Individualization*

Programs Are Actively Reviewed and Adjusted as Fitness Changes

ASSESSMENT ASF-FW-STD5-v3.0

CR N/A	TR FULL	SM ADAPTED	ST FULL

5.5
CORE
L1

THE STANDARD

Programs Are Actively Reviewed and Adjusted as Fitness Changes

A member's program is genuinely, actively reviewed and adjusted as their fitness level changes — not designed once and left fixed indefinitely, applying an initial assessment's conclusions to a body that has since genuinely adapted.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Is a member's program genuinely, actively reviewed and adjusted as their fitness level changes?** *Real, active review and adjustment, not a program fixed from initial design.* Doc: Program review record	YES	PARTIAL	NO
2	**Does review happen on a genuine, defined schedule, not only when a member happens to raise a concern?** *A real, proactive schedule, not reliance solely on member-initiated review.* Doc: Review schedule documentation	YES	PARTIAL	NO
3	**Does adjustment genuinely reflect the member's actual, current fitness level, not the original assessment?** *Real, current-state adjustment, not conclusions carried forward from an outdated initial assessment.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Requires improvement plan.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
DOCUMENT *Review record review*	Reviews program review records for genuine, active adjustment over time.
DOCUMENT *Review schedule review*	Reviews whether review happens on a defined, proactive schedule.
ASK *Currency interview*	Asks staff to confirm a specific member's program reflects their current, not original, fitness level.

REFERENCES

[25] Progressive overload requires periodic reassessment and adjustment of exercise prescription, as the body adapts to a given stimulus and a fixed program ceases to provide genuine overload once that adaptation occurs.

Standard 5.5 · *Standard 5: Program Design & Individualization*

Guidance & Learning

GUIDANCE ASF-FW-STD5-v3.0

WHY THIS STANDARD EXISTS

The overload principle depends on the body being challenged beyond its current, actual capacity — and a program that isn't genuinely revisited as that capacity changes stops providing real overload the moment the member adapts, leaving them training at a level below their real, current ability, or worse, missing the progression checkpoint where the demand should have increased.

The evidence: [25] Progressive overload requires periodic reassessment and adjustment of exercise prescription, as the body adapts to a given stimulus and a fixed program ceases to provide genuine overload once that adaptation occurs.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Programs are genuinely, actively reviewed and adjusted as fitness changes.	✗ Programs remain fixed from initial design, never genuinely revisited.
✓ Review happens on a real, defined, proactive schedule.	✗ Review, if it happens, relies solely on the member raising a concern.
✓ Adjustment genuinely reflects the member's current, actual fitness level.	✗ Adjustments, when made, don't genuinely reflect current fitness level.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Review happens for personal training clients but less consistently for members following independent programs.**
Every member's program benefits from genuine review as fitness changes, not personal training clients alone.

2 **A review schedule exists but isn't consistently followed when the facility is busy.**
A schedule that lapses under operational pressure doesn't provide the genuine, ongoing benefit it's designed for.

3 **Review happens but adjustments are minor, not genuinely reflecting meaningful fitness changes since the original design.**
Genuine adjustment should meaningfully track real, accumulated change, not remain nominal.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current program review practice for genuine, active adjustment versus fixed design.

Week 2 Establish a defined, proactive review schedule for all members, not personal training clients alone.

Week 3 Train staff on making genuine, meaningful adjustments reflecting current fitness level.

Ongoing Confirm review schedule adherence, particularly during busy periods.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask when a specific member's program was last genuinely reviewed and what changed.
A specific, real example reveals genuine, active review, not a fixed initial design.

Ask how program review differs for members not receiving personal training.
This reveals whether genuine review extends beyond personal training clients.

E-LEARNING academy.gmj.ge/fw-std5-5-program-review — 30 min · complete before self-assessment

STANDARD 6

Member Rights & Informed Consent

MANDATORY

5 criteria

	Standard 6.1 **NON-NEGOTIABLE** · *Standard 6: Member Rights & Informed Consent* **Waiver Language Is Genuinely Clear and Conspicuous, Not Hidden or Ambiguous**	**ASSESSMENT** ASF-FW-STD6-v3.0

CR FULL	**TR** FULL	**SM** FULL	**ST** FULL

6.1
NON-NEGOTIABLE
L1

THE STANDARD

Waiver Language Is Genuinely Clear and Conspicuous, Not Hidden or Ambiguous

Assumption-of-risk and liability release language is genuinely clear, conspicuous, and unambiguous — not buried within a longer document, written in dense legal language, or presented in a way that makes it easy for a member to sign without genuinely noticing what they're agreeing to.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Is assumption-of-risk and liability release language genuinely conspicuous, not buried within a longer document?** *Real, prominent placement, not language a member could reasonably overlook.* Doc: Waiver document format review	YES	PARTIAL	NO
2	**Is the language genuinely clear and unambiguous, not dense legal phrasing difficult for an average member to understand?** *Real, plain language, not technical drafting that obscures actual meaning.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Is the member given genuine, sufficient time to actually read the document before signing, not rushed through it?** *Real, adequate time, not a process that moves the member past the document quickly.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
DOCUMENT *Format review*	Reviews the actual waiver document for genuine conspicuousness and clear placement of key terms.
DOCUMENT *Language clarity review*	Reviews language for genuine plain-language clarity, not dense legal phrasing.
OBSERVE *Signing process observation*	Observes the actual sign-up process for genuine, sufficient time to review before signing.

REFERENCES

[26] In Leon v. Family Fitness Center (#107), Inc. (1998) 61 Cal.App.4th 1227, a liability release clause for a health club membership was declared unenforceable specifically because it was not conspicuous, establishing genuine clarity and conspicuousness as a real, legally recognised requirement for assumption-of-risk language.

Standard 6.1 · *Standard 6: Member Rights & Informed Consent*

Guidance & Learning

GUIDANCE ASF-FW-STD6-v3.0

WHY THIS STANDARD EXISTS

Courts have specifically found liability release language unenforceable when it wasn't genuinely conspicuous, and ambiguous language is interpreted against whoever drafted it — meaning a waiver that isn't genuinely clear doesn't just risk failing to inform the member, it can fail to provide the legal protection the facility itself is relying on it for.

The evidence: [26] In Leon v. Family Fitness Center (#107), Inc. (1998) 61 Cal.App.4th 1227, a liability release clause for a health club membership was declared unenforceable specifically because it was not conspicuous, establishing genuine clarity and conspicuousness as a real, legally recognised requirement for assumption-of-risk language.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Waiver language is genuinely conspicuous, not buried in a longer document.	✗ Key waiver language is buried within a longer document, easy to overlook.
✓ Language is genuinely clear and unambiguous, in plain terms.	✗ Language is dense legal phrasing difficult for an average member to understand.
✓ Members are given genuine, sufficient time to read before signing.	✗ The signing process rushes members past the document.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **The waiver is conspicuous in print form but less clearly formatted in the digital sign-up version.**
Genuine conspicuousness needs to hold across whichever format a member actually encounters.

2 **Core language is clear but specific activity-related risks are described more vaguely.**
Specific, genuine clarity about actual risks matters as much as clarity about the waiver's general existence.

3 **Time is generally sufficient but the process doesn't actively encourage members to actually read, only permits it.**
Genuine encouragement to read is more protective than simply not preventing it.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current waiver document and signing process for genuine conspicuousness and clarity.

Week 2 Revise language for genuine plain-language clarity, removing unnecessary legal density.

Week 3 Adjust the signing process to genuinely encourage, not just permit, reading before signing.

Ongoing Confirm conspicuousness holds across both print and digital sign-up formats.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask to see the actual waiver document as a new member would encounter it, in whatever format is used.
Direct review reveals genuine conspicuousness, not an assumption based on the document's content alone.

Observe an actual sign-up process to see how much genuine time is given before signing.
Direct observation reveals real practice, not a stated policy about adequate time.

E-LEARNING academy.gmj.ge/fw-std6-1-conspicuous-waiver — 30 min · complete before self-assessment

Standard 6.2 **NON-NEGOTIABLE** · *Standard 6: Member Rights & Informed Consent*

Informed Consent Actively Corrects the Misconception That Exercise Is Inherently Safe

ASSESSMENT ASF-FW-STD6-v3.0

CR ADAPTED	TR FULL	SM FULL	ST FULL

6.2
NON-NEGOTIABLE
L1

THE STANDARD

Informed Consent Actively Corrects the Misconception That Exercise Is Inherently Safe

The informed consent conversation actively, specifically addresses the genuine, real risks of exercise — not relying on a signature alone to convey this, given many people carry a real, documented misconception that exercising in a gym is somehow inherently safe.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Does the consent conversation actively, specifically address real exercise risks, not rely on a signature alone?** *Real, active conversation, not a document handed over for signature without discussion.* Doc: Informed consent conversation record	YES	PARTIAL	NO
2	**Is the misconception that a gym setting itself makes exercise inherently safe genuinely, specifically addressed?** *Specific, genuine correction of this real misconception, not assumed unnecessary.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Can a member explain back genuine, specific risks associated with their activity, not just confirm they signed something?** *Real, demonstrated understanding, not confirmation of signature alone.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
OBSERVE *Consent conversation observation*	Observes an actual sign-up interaction for genuine, active risk discussion.
ASK *Misconception correction interview*	Asks staff whether and how they specifically address the belief that gym exercise is inherently safe.
ASK *Member understanding check*	Asks a member to explain back specific risks associated with their activity.

REFERENCES

[27] Fitness liability guidance specifically identifies that while most people understand exercise carries some risk, many hold a genuine, documented misconception that exercising within a gym setting is inherently safe, establishing active correction of this belief as necessary to genuine informed consent, distinct from signature alone.

Standard 6.2 · *Standard 6: Member Rights & Informed Consent*

Guidance & Learning

GUIDANCE ASF-FW-STD6-v3.0

WHY THIS STANDARD EXISTS

A signature on a waiver doesn't guarantee the member actually understood or internalized the risks they're agreeing to, and research specifically shows many people believe, incorrectly, that a gym setting itself makes exercise safe — informed consent that doesn't actively address this misconception leaves members agreeing to something they may not genuinely understand.

The evidence: [27] Fitness liability guidance specifically identifies that while most people understand exercise carries some risk, many hold a genuine, documented misconception that exercising within a gym setting is inherently safe, establishing active correction of this belief as necessary to genuine informed consent, distinct from signature alone.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ The consent conversation actively, specifically addresses real exercise risks.	✗ Consent relies on signature alone, without active conversation.
✓ The gym-is-inherently-safe misconception is specifically, genuinely corrected.	✗ The misconception that gyms are inherently safe goes unaddressed.
✓ Members can explain back specific, genuine risks, not just confirm signing.	✗ Members cannot describe any specific risk beyond having signed a document.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Conversation happens for personal training clients but less consistently for general membership sign-up.**
Every member, not personal training clients alone, deserves genuine informed consent.

2 **General risk is discussed but the specific gym-safety misconception isn't directly named and addressed.**
This specific, documented misconception deserves direct, explicit correction, not general risk discussion alone.

3 **The conversation happens but member understanding isn't actively verified afterward.**
Verification is what distinguishes genuine understanding from a conversation that occurred without confirmed comprehension.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current sign-up practice for genuine, active risk conversation versus signature alone.

Week 2 Train staff to specifically address the gym-is-inherently-safe misconception.

Week 3 Extend genuine consent conversation to general membership sign-up, not personal training alone.

Ongoing Spot-check member understanding after consent conversations.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask a recent member what specific risks they remember being told about.
This tests genuine understanding, not just that a document was signed.

Ask staff directly whether they address the belief that gyms are inherently safe.
A specific, confident answer reveals genuine practice addressing this documented misconception.

E-LEARNING academy.gmj.ge/fw-std6-2-correcting-safety-misconception — 30 min · complete before self-assessment

	Standard 6.3 NON-NEGOTIABLE · *Standard 6: Member Rights & Informed Consent* **Consent Scope Is Specific to the Actual Activity, Not Assumed to Cover Everything**	ASSESSMENT ASF-FW-STD6-v3.0
CR N/A	TR FULL	SM ADAPTED / ST FULL

6.3
NON-NEGOTIABLE
L1

THE STANDARD

Consent Scope Is Specific to the Actual Activity, Not Assumed to Cover Everything

Consent obtained for one activity or location is not treated as automatically covering a different activity, a different location, or a third-party event — with specific, additional consent genuinely obtained when a member's actual participation extends beyond what the original consent reasonably covered.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Is specific, additional consent genuinely obtained when a member's activity extends beyond the original scope?** *Real, additional consent for genuinely different activities, not an assumption original consent covers everything.* Doc: Activity-specific consent record	YES	PARTIAL	NO
2	**Does consent for a specialty class or higher-risk activity specifically address that activity's distinct risks?** *Specific, genuine risk disclosure for the actual activity, not generic fitness consent applied broadly.* Doc: Specialty activity consent documentation	YES	PARTIAL	NO
3	**Is consent scope genuinely reconsidered for a third-party event or off-site activity, not assumed covered by general membership consent?** *Real, specific reconsideration, not an assumption of automatic coverage.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Scope-specific consent review*	Reviews whether additional consent is genuinely obtained for activities beyond original scope.
DOCUMENT *Specialty activity consent review*	Reviews whether specialty or higher-risk activities have their own specific consent addressing distinct risks.
ASK *Third-party event interview*	Asks staff how consent is handled for a third-party event or off-site activity.

REFERENCES

[28] Liability waivers are established as interpreted narrowly, with consent signed at one location or for one activity not extending to a different location, third-party events, or activities outside what the participant reasonably understood they were consenting to.

Standard 6.3 · *Standard 6: Member Rights & Informed Consent*

Guidance & Learning

GUIDANCE ASF-FW-STD6-v3.0

WHY THIS STANDARD EXISTS

Liability waivers are interpreted narrowly by courts, and consent for a general fitness program doesn't reasonably extend to something meaningfully different — a specialty class with distinct risks, an event at another location, activity organized by a third party — and treating consent as broader than what the member actually, reasonably understood themselves to be agreeing to misrepresents what genuine consent actually covers.

The evidence: [28] Liability waivers are established as interpreted narrowly, with consent signed at one location or for one activity not extending to a different location, third-party events, or activities outside what the participant reasonably understood they were consenting to.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Additional, specific consent is genuinely obtained for activities beyond original scope.	✗ Original membership consent is assumed to cover any subsequent activity.
✓ Specialty activities have their own consent addressing genuinely distinct risks.	✗ Specialty activities rely on generic consent not addressing their distinct risks.
✓ Third-party events and off-site activities receive genuine, specific consent reconsideration.	✗ Third-party events are assumed covered by general membership consent.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Specific consent is obtained for major specialty classes but not consistently for shorter-term or trial activities.**
Every genuinely distinct activity deserves specific consent, not only ongoing, major offerings.

2 **Consent scope is reconsidered for off-site events but not consistently for third-party instructors using the facility.**
A third-party instructor's activity may carry genuinely different risk than the facility's own standard offerings.

3 **Additional consent is technically obtained but doesn't specifically explain how this activity's risks differ from general membership.**
Genuine additional consent should specifically address what's actually different, not repeat generic language.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current consent scope practice for genuine activity-specific coverage.

Week 2 Establish specific consent processes for specialty activities and third-party events.

Week 3 Ensure specific consent genuinely addresses what makes each activity's risks distinct.

Ongoing Audit consent scope for new or evolving activity offerings.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask how consent is handled for a specific specialty class with genuinely distinct risk.
A specific, real example reveals whether scope is genuinely reconsidered, not assumed covered.

Ask about consent for a third-party instructor or event using the facility.
This reveals whether scope-specific practice extends beyond the facility's own standard offerings.

E-LEARNING academy.gmj.ge/fw-std6-3-activity-specific-consent — 30 min · complete before self-assessment

Standard 6.4 **NON-NEGOTIABLE** · *Standard 6: Member Rights & Informed Consent*

Minor Participation Follows the Legally Sound Consent Construction

ASSESSMENT ASF-FW-STD6-v3.0

CR N/A	TR FULL	SM ADAPTED	ST FULL

6.4
NON-NEGOTIABLE
L1

THE STANDARD

Minor Participation Follows the Legally Sound Consent Construction

Consent for a minor's participation follows the legally sound construction — a parent or guardian assuming risk and releasing their own claims — not the weaker, less reliable construction of a parent purporting to waive the minor's own future claims on the minor's behalf.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Does minor consent documentation genuinely use the stronger construction — parent assumes risk and releases their own claims?** *The specific, legally sound construction, not the weaker attempt to waive the minor's own future claims.* Doc: Minor consent documentation	YES	PARTIAL	NO
2	**Is a parent or guardian's signature genuinely obtained for every minor's participation, not assumed unnecessary?** *Real, obtained signature, not an assumption of implied consent.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Is minor consent documentation genuinely reviewed for legal soundness, not simply adapted from adult consent language?** *Real, specific review for minor-appropriate construction, not adult language applied without adaptation.* Doc: Legal review documentation	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Construction review*	Reviews minor consent documentation for genuine use of the legally sound construction.
DOCUMENT *Signature verification*	Verifies parent or guardian signature is genuinely obtained for every minor participant.
DOCUMENT *Legal review documentation check*	Reviews whether minor consent language has been specifically, legally reviewed.

REFERENCES

[29] The legally stronger construction for minor participation consent has the parent or guardian assume risk on the child's behalf and release the parent's own claims, distinct from a parent purporting to waive the minor's own future claims, which holds up far less reliably.

Standard 6.4 · *Standard 6: Member Rights & Informed Consent*

Guidance & Learning

GUIDANCE ASF-FW-STD6-v3.0

WHY THIS STANDARD EXISTS

A parent releasing their own rights holds up far better legally than a parent attempting to sign away a child's own future claims, and a facility relying on the weaker construction carries genuinely greater, real legal exposure — beyond the legal question, this distinction reflects genuine respect for the fact that a minor's own rights aren't simply the parent's to waive.

The evidence: [29] The legally stronger construction for minor participation consent has the parent or guardian assume risk on the child's behalf and release the parent's own claims, distinct from a parent purporting to waive the minor's own future claims, which holds up far less reliably.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Minor consent genuinely uses the stronger, legally sound construction.	✗ Documentation attempts to have a parent waive the minor's own future claims.
✓ Parent or guardian signature is genuinely obtained for every minor.	✗ Minors participate without genuine parent or guardian signature.
✓ Minor consent documentation has been specifically, legally reviewed.	✗ Minor consent language is simply adapted from adult waivers without specific legal review.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **The stronger construction is used for new minor sign-ups but older documentation hasn't been updated.**
Every current minor participant deserves the protection of the legally sound construction, not only new sign-ups.

2 **Signature is obtained but the document doesn't specifically distinguish parent's own claims from the minor's.**
Genuine legal soundness depends on this specific distinction being clearly, deliberately made.

3 **Documentation is reasonable but hasn't been reviewed by a licensed attorney familiar with the relevant jurisdiction.**
Genuine legal soundness benefits from specific, qualified review, not general reasonableness alone.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current minor consent documentation for the specific, legally sound construction.

Week 2 Revise documentation to clearly distinguish parent's own claims from the minor's.

Week 3 Obtain specific legal review of minor consent language.

Ongoing Update documentation for existing minor participants to the sound construction.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask to see the actual minor consent document and check for the specific, sound construction.
A specific, real document reveals whether the legally sound approach is genuinely used.

Ask when minor consent language was last reviewed by a qualified attorney.
A specific, real answer reveals genuine legal diligence, not general confidence in adequacy.

E-LEARNING academy.gmj.ge/fw-std6-4-minor-consent-construction — 30 min · complete before self-assessment

Standard 6.5 **CORE** · *Standard 6: Member Rights & Informed Consent*

Members Can Genuinely Access and Review Their Own Signed Consent Documents

ASSESSMENT ASF-FW-STD6-v3.0

CR N/A	TR FULL	SM ADAPTED	ST FULL

6.5
CORE
L1

THE STANDARD

Members Can Genuinely Access and Review Their Own Signed Consent Documents

A member can genuinely obtain a copy of their own signed consent and waiver documents on request — not told the facility doesn't provide copies, or made to navigate a difficult, unclear process to access what they themselves agreed to.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Can a member genuinely obtain a copy of their own signed consent documents on request?** *Real, genuine access, not a difficult or discouraged process.* Doc: Document access process documentation	YES	PARTIAL	NO
2	**Is this process genuinely clear and known to members, not something they'd struggle to discover?** *Real, communicated awareness of how to request documents, not an obscure or undisclosed process.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Is a request fulfilled within a genuinely reasonable timeframe, not delayed indefinitely?** *Real, prompt fulfillment, not a request that goes unanswered or significantly delayed.* Doc: Request fulfillment record	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Requires improvement plan.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
DOCUMENT *Access process review*	Reviews the actual process for members to obtain copies of their own consent documents.
ASK *Member awareness interview*	Asks a member whether they know how to request a copy of their signed documents.
DOCUMENT *Fulfillment timeframe review*	Reviews records for genuine, prompt fulfillment of document requests.

REFERENCES

[30] Genuine member access to their own signed consent documentation is established as consistent with the underlying purpose of informed consent, supporting transparency and a member's ongoing understanding of what they agreed to.

Standard 6.5 · *Standard 6: Member Rights & Informed Consent*

Guidance & Learning

GUIDANCE ASF-FW-STD6-v3.0

WHY THIS STANDARD EXISTS

A member's own signed agreement is genuinely theirs to review, and a facility that makes this difficult to access undermines the entire premise of informed consent — consent that was genuine at the time of signing loses much of its real meaning if the member can't later confirm what they actually agreed to.

The evidence: [30] Genuine member access to their own signed consent documentation is established as consistent with the underlying purpose of informed consent, supporting transparency and a member's ongoing understanding of what they agreed to.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Members can genuinely obtain copies of their own signed documents on request.	✗ Members are told copies aren't provided or face a difficult process.
✓ The process is genuinely clear and known to members.	✗ Members don't know how to request their own documents.
✓ Requests are fulfilled within a genuinely reasonable timeframe.	✗ Requests go unanswered or are significantly delayed.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **A process exists but isn't proactively communicated to members at the time of signing.**
A process members don't know about provides limited real access when they actually need it.

2 **Requests are fulfilled but the timeframe isn't consistent, sometimes taking notably longer.**
A genuinely reasonable, consistent timeframe is what makes access reliably meaningful.

3 **Digital records are easily accessible but older, physical signatures are harder to retrieve.**
Every member's own signed document deserves genuinely reasonable access, regardless of format or signing date.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current document access process for genuine member accessibility.

Week 2 Establish and communicate a clear, known process for requesting signed documents.

Week 3 Confirm consistent, reasonable fulfillment timeframes across digital and physical records.

Ongoing Track document request fulfillment for continued reliability.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask a member directly whether they know how to get a copy of their own signed waiver.
A confident, specific answer reveals genuine, known access, not an assumed process.

Request a copy of a specific document as a real test of the process.
A real test reveals genuine practice, not a stated policy about member access.

E-LEARNING academy.gmj.ge/fw-std6-5-document-access — 30 min · complete before self-assessment

STANDARD 7

Governance & Staffing

MANDATORY

5 criteria

	Standard 7.1 NON-NEGOTIABLE · *Standard 7: Governance & Staffing* **Every Incident Is Documented With Genuine, Specific Detail**	ASSESSMENT ASF-FW-STD7-v3.0
CR FULL	TR FULL	SM FULL	ST FULL

7.1
NON-NEGOTIABLE
L1

THE STANDARD

Every Incident Is Documented With Genuine, Specific Detail

Every incident — injury, equipment failure, near-miss — is documented with genuine, specific detail: precise location, objective factual description, injury details, response actions, and relevant environmental factors — not a vague summary that fails to actually capture what happened.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Does incident documentation genuinely include precise location, not a vague general area?** *Real, specific location detail, not a general description like "the gym."* Doc: Incident report format review	YES	PARTIAL	NO
2	**Is the description genuinely objective and factual, not a vague summary or a conclusion instead of facts?** *Real, factual detail, not an imprecise summary or unsupported conclusion.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Does documentation genuinely capture response actions and relevant environmental factors, not just that an incident occurred?** *Complete, specific detail across all genuinely relevant categories, not a partial record.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
DOCUMENT *Report format review*	Reviews the actual incident report template and completed reports for genuine, specific detail.
DOCUMENT *Sample report review*	Reviews a sample of real, completed incident reports for objective, factual, specific content.
ASK *Staff documentation interview*	Asks staff to describe what specific detail they'd include in a real incident report.

REFERENCES

[31] Effective incident reporting requires specific, objective detail — precise location, factual description of the event, injury details, response actions taken, and environmental factors — with vague documentation identified as a leading factor in denied insurance claims and failed liability defence.

Standard 7.1 · *Standard 7: Governance & Staffing*

Guidance & Learning

GUIDANCE ASF-FW-STD7-v3.0

WHY THIS STANDARD EXISTS

A report that simply reads "member fell in gym" doesn't actually protect the facility, doesn't help investigate what really happened, and doesn't identify genuine root causes — real, specific detail is what turns an incident report from a defensive formality into something that actually prevents the next one.

The evidence: [31] Effective incident reporting requires specific, objective detail — precise location, factual description of the event, injury details, response actions taken, and environmental factors — with vague documentation identified as a leading factor in denied insurance claims and failed liability defence.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Incident reports genuinely include precise location detail.	✗ Location is described vaguely, not specifically.
✓ Descriptions are genuinely objective and factual, not vague summaries.	✗ Descriptions are imprecise summaries or unsupported conclusions.
✓ Reports genuinely capture response actions and environmental factors.	✗ Reports don't capture response actions or environmental context.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Location and description are specific but response actions taken aren't consistently documented.**
Response detail matters as much for genuine investigation and improvement as the incident description itself.

2 **Reports are thorough for injuries but less detailed for near-misses and equipment issues.**
Near-misses and equipment issues carry real, genuine value for prevention, deserving the same documentation discipline.

3 **Documentation is generally specific but environmental factors, like flooring or lighting, are inconsistently noted.**
Environmental factors can reveal genuine, addressable contributing causes beyond the immediate incident.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current incident report template and completed reports for genuine specificity.

Week 2 Revise the report template to require precise location, objective description, and environmental factors.

Week 3 Train staff on completing genuinely specific, factual incident documentation.

Ongoing Audit incident reports periodically for continued genuine specificity.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask to see a real, recent incident report and assess its actual specificity.
A real, specific example reveals genuine practice, not an assumption of adequate documentation.

Ask staff to describe how they'd document a specific, hypothetical incident.
A specific, detailed answer reveals genuine understanding of what real documentation requires.

E-LEARNING academy.gmj.ge/fw-std7-1-specific-incident-documentation — 30 min · complete before self-assessment

	Standard 7.2 **NON-NEGOTIABLE** · *Standard 7: Governance & Staffing* **Incident Notification Meets Insurance-Required Timeframes**	**ASSESSMENT** ASF-FW-STD7-v3.0

CR ADAPTED	**TR** FULL	**SM** FULL	**ST** FULL

7.2
NON-NEGOTIABLE
L1

THE STANDARD

Incident Notification Meets Insurance-Required Timeframes

A significant incident is reported to the facility's insurance carrier within the genuinely required timeframe — not delayed until it's convenient, or handled informally without meeting the specific notification window insurance coverage actually depends on.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Does the facility know its specific insurance carrier's required notification timeframe?** *Real, specific knowledge of the actual requirement, not a general assumption of adequate timing.* Doc: Insurance notification requirement documentation	YES	PARTIAL	NO
2	**Is a significant incident genuinely reported within this required timeframe, not delayed?** *Real, timely reporting matching the actual requirement, not informal or delayed notification.* Doc: Notification timing record	YES	PARTIAL	NO
3	**Is there a specific, defined process ensuring notification happens even outside normal business hours?** *A real, defined process covering any time an incident might occur, not limited to convenient hours.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
DOCUMENT *Requirement knowledge review*	Reviews whether the facility has specific, documented knowledge of its insurer's notification timeframe.
DOCUMENT *Timing record review*	Reviews records for a sample of significant incidents to confirm genuine, timely notification.
DOCUMENT *After-hours process review*	Reviews the defined process for notification outside normal business hours.

REFERENCES

[32] Many insurance carriers require incident notification within 24 to 48 hours of a significant event, with insufficient or delayed documentation identified as a leading factor in denied insurance claims.

Standard 7.2 · *Standard 7: Governance & Staffing*

Guidance & Learning

GUIDANCE ASF-FW-STD7-v3.0

WHY THIS STANDARD EXISTS

Many insurance carriers specifically require notification within 24 to 48 hours of a significant incident, and missing this genuine, real requirement can jeopardize coverage precisely when a facility needs it most — a delayed report doesn't just reflect poor practice, it can leave the facility without the actual protection it believes it has.

The evidence: [32] Many insurance carriers require incident notification within 24 to 48 hours of a significant event, with insufficient or delayed documentation identified as a leading factor in denied insurance claims.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ The facility has specific, documented knowledge of its insurer's required timeframe.	✗ The facility doesn't specifically know its insurer's notification requirement.
✓ Significant incidents are genuinely reported within this timeframe.	✗ Notification is delayed beyond the required timeframe.
✓ A defined process ensures notification even outside normal hours.	✗ No process ensures notification outside normal business hours.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Notification timing is reliable during business hours but less consistent for incidents occurring after closing.**
A significant incident deserves the same timely notification regardless of when it occurs.

2 **The general requirement is known but the specific number of hours isn't precisely documented.**
Precise knowledge of the actual requirement is what makes genuine, reliable compliance possible.

3 **Notification happens but isn't consistently confirmed as received by the insurer.**
Genuine confirmation of receipt provides real assurance the requirement was actually met.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Confirm the facility's specific insurance notification timeframe requirement.

Week 2 Establish a clear, documented process for timely notification, including after hours.

Week 3 Train staff on the specific requirement and notification process.

Ongoing Confirm notification receipt for significant incidents.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask staff to state the facility's specific insurance notification timeframe.
A specific, confident answer reveals genuine knowledge, not an assumption of general adequacy.

Ask how notification would happen for an incident occurring after normal closing hours.
A specific, confident answer reveals a genuine, defined process.

E-LEARNING academy.gmj.ge/fw-std7-2-notification-timeframe — 30 min · complete before self-assessment

	Standard 7.3 NON-NEGOTIABLE · *Standard 7: Governance & Staffing* **The Facility Carries Both General and Professional Liability Insurance**	ASSESSMENT ASF-FW-STD7-v3.0

CR ADAPTED	TR FULL	SM FULL	ST FULL

7.3
NON-NEGOTIABLE
L1

THE STANDARD

The Facility Carries Both General and Professional Liability Insurance

The facility genuinely carries both general liability insurance, covering physical incidents like slips and equipment injuries, and professional liability insurance, covering claims arising from actual instruction and program design — not general liability alone, leaving claims about instructor competence or program safety genuinely uncovered.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Does the facility genuinely carry both general liability and professional liability insurance?** *Real, active coverage of both distinct types, not general liability alone.* Doc: Insurance policy documentation	YES	PARTIAL	NO
2	**Is professional liability coverage genuinely adequate to the facility's actual scope of instruction and programming?** *Real, appropriate coverage level matched to actual operations, not a minimal or mismatched policy.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Is coverage genuinely current, not lapsed or allowed to expire without renewal?** *Real, active, current coverage, not a policy that has quietly lapsed.* Doc: Coverage currency verification	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
DOCUMENT *Policy documentation review*	Reviews actual insurance policy documentation for genuine coverage of both types.
DOCUMENT *Coverage adequacy review*	Reviews whether professional liability coverage genuinely matches the facility's actual scope of operations.
DOCUMENT *Currency verification*	Verifies coverage is genuinely current, not lapsed.

REFERENCES

[33] Fitness facility insurance guidance distinguishes general liability coverage, addressing physical incidents such as slip-and-fall accidents and equipment injuries, from professional liability coverage, addressing claims arising from training errors, program design, or inadequate instruction, with most facilities requiring both.

Standard 7.3 · *Standard 7: Governance & Staffing*
Guidance & Learning

GUIDANCE ASF-FW-STD7-v3.0

WHY THIS STANDARD EXISTS

These two coverage types protect against genuinely different real risks — a member injured by a slip on wet flooring and a member injured by an unsafely designed program represent different claim categories, and a facility carrying only general liability has no real coverage for exactly the kind of claim this whole document's earlier standards on qualification and program design exist to prevent.

The evidence: [33] Fitness facility insurance guidance distinguishes general liability coverage, addressing physical incidents such as slip-and-fall accidents and equipment injuries, from professional liability coverage, addressing claims arising from training errors, program design, or inadequate instruction, with most facilities requiring both.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ The facility genuinely carries both general and professional liability insurance.	✗ Only general liability is carried, leaving instruction-related claims uncovered.
✓ Professional liability coverage genuinely matches actual scope of instruction and programming.	✗ Professional liability coverage is minimal or mismatched to actual operations.
✓ Coverage is genuinely current and active.	✗ Coverage has lapsed or is allowed to expire without renewal.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Both coverage types exist but professional liability limits are lower than the facility's actual specialty program offerings would warrant.**
Coverage adequacy should genuinely reflect the facility's real scope, including higher-risk specialty programming.

2 **Coverage is current but hasn't been reviewed against the facility's actual, current operations in some time.**
A facility's operations can genuinely change, and coverage should be periodically reconfirmed as adequate.

3 **General liability is comprehensive but professional liability was only recently added, leaving a historical gap.**
A facility offering instruction and program design has genuinely needed both coverage types throughout that activity, not only recently.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current insurance coverage for both general and professional liability.

Week 2 Confirm professional liability coverage genuinely matches the facility's actual scope of operations.

Week 3 Verify coverage currency and address any lapse.

Ongoing Periodically review coverage adequacy as facility operations evolve.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask to see the actual, current insurance policy documents for both coverage types.
Real, specific documents reveal genuine coverage, not an assumption of adequate protection.

Ask whether professional liability coverage was reviewed when a new specialty program was added.
A specific, real answer reveals whether coverage genuinely tracks the facility's actual, evolving operations.

E-LEARNING academy.gmj.ge/fw-std7-3-liability-insurance — 30 min · complete before self-assessment

Standard 7.4 **CORE** · *Standard 7: Governance & Staffing*

Incident Patterns Are Actively Reviewed for Genuine Prevention

ASSESSMENT ASF-FW-STD7-v3.0

CR N/A	TR FULL	SM ADAPTED	ST FULL

7.4
CORE
L1

THE STANDARD

Incident Patterns Are Actively Reviewed for Genuine Prevention

Incident reports are genuinely, actively reviewed for patterns — a specific piece of equipment, a specific area, a specific time — with real, resulting preventive action, not filed individually without ever being analyzed collectively for what they might reveal.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Are incident reports genuinely, actively reviewed collectively for patterns, not only individually?** *Real, collective pattern analysis, not reports filed and reviewed only one at a time.* Doc: Pattern review record	YES	PARTIAL	NO
2	**Does genuine pattern review lead to real, resulting preventive action?** *Actual, resulting change, not pattern identification without any consequence.* Doc: Preventive action record	YES	PARTIAL	NO
3	**Is pattern review conducted on a genuine, regular schedule, not only occasionally or after a serious event?** *Real, scheduled, ongoing review, not reactive analysis only after something serious occurs.* Doc: Review schedule documentation	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Requires improvement plan.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Pattern review record review*	Reviews evidence of genuine, collective analysis of incident reports for patterns.
DOCUMENT *Preventive action review*	Reviews whether pattern review results in genuine, resulting preventive action.
DOCUMENT *Review schedule review*	Reviews whether pattern review happens on a real, regular schedule.

REFERENCES

[34] Consistent incident reporting is established as valuable specifically for identifying equipment maintenance needs, high-risk areas, and training gaps through pattern analysis, distinct from individual incident documentation reviewed only in isolation.

Standard 7.4 · *Standard 7: Governance & Staffing*

Guidance & Learning

GUIDANCE ASF-FW-STD7-v3.0

WHY THIS STANDARD EXISTS

A single incident report tells you what happened once, but genuine pattern review across multiple reports can reveal a real, systemic issue — a specific machine failing repeatedly, a specific area with recurring falls — that no individual report alone would surface, and this kind of review is what turns incident documentation into actual prevention, not just record-keeping.

The evidence: [34] Consistent incident reporting is established as valuable specifically for identifying equipment maintenance needs, high-risk areas, and training gaps through pattern analysis, distinct from individual incident documentation reviewed only in isolation.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Incident reports are genuinely, actively reviewed collectively for patterns.	✗ Reports are filed individually, never reviewed collectively for patterns.
✓ Pattern review leads to real, resulting preventive action.	✗ Patterns identified don't lead to any resulting preventive action.
✓ Review happens on a genuine, regular schedule, not only reactively.	✗ Review only happens reactively after a serious event.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Review happens but isn't documented in a way that makes the pattern-identification process genuinely traceable.**
Documented review reveals genuine practice more reliably than an assumption that patterns are informally noticed.

2 **Patterns are identified but resulting action addresses only the most severe findings.**
Genuine prevention benefits from addressing patterns across the full range of severity, not only the most serious.

3 **Review happens on schedule for injury reports but near-miss and equipment-issue reports are analyzed less consistently.**
Near-misses and equipment issues carry real, genuine pattern value too, not injuries alone.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current incident review practice for genuine, collective pattern analysis.

Week 2 Establish a regular, scheduled process for reviewing incident reports collectively.

Week 3 Build a process connecting identified patterns to genuine, resulting preventive action.

Ongoing Conduct pattern review on the established schedule, including near-misses and equipment issues.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask for a real, specific example of a pattern identified through incident review and what changed as a result.
A real, traceable example reveals genuine practice, not documentation without analysis.

Ask how often incident reports are genuinely reviewed collectively, not individually as they occur.
A specific, confident answer reveals a genuine, scheduled process.

E-LEARNING academy.gmj.ge/fw-std7-4-pattern-review — 30 min · complete before self-assessment

Standard 7.5 **CORE** · *Standard 7: Governance & Staffing*

Staff, However Few, Receive Genuine Training Beyond Instructor Certification Alone

ASSESSMENT ASF-FW-STD7-v3.0

CR ADAPTED	TR FULL	SM ADAPTED	ST FULL

7.5
CORE
L1

THE STANDARD

Staff, However Few, Receive Genuine Training Beyond Instructor Certification Alone

Every staff member, including those in administrative, reception, or support roles — not only certified instructors — receives genuine, documented training relevant to their actual role and safety responsibilities, not left to informal, on-the-job learning alone.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Does every staff member, not only certified instructors, receive genuine, documented training for their actual role?** *Real, structured training extending to administrative and support roles, not instructors alone.* Doc: Staff training record	YES	PARTIAL	NO
2	**Does this training genuinely cover relevant safety responsibilities specific to each role?** *Specific, role-relevant safety content, not generic orientation alone.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Is training genuinely refreshed periodically, not completed once and never revisited?** *Real, ongoing training, not a single initial session treated as sufficient indefinitely.* Doc: Ongoing training schedule	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Requires improvement plan.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
DOCUMENT *Broad training record review*	Reviews training records for administrative and support staff, not only certified instructors.
DOCUMENT *Role-relevance review*	Reviews whether training genuinely covers safety responsibilities specific to each role.
DOCUMENT *Ongoing training review*	Reviews whether training is genuinely refreshed periodically.

REFERENCES

[35] Under-educated fitness staff are specifically identified as a documented cause of serious gym accidents, with death identified as a possible outcome, establishing genuine, structured staff training as a real safety requirement extending beyond certified instructors alone.

Standard 7.5 · *Standard 7: Governance & Staffing*

Guidance & Learning

GUIDANCE ASF-FW-STD7-v3.0

WHY THIS STANDARD EXISTS

Unqualified or undertrained staff are specifically, documentedly identified as a real cause of serious gym accidents, and this risk doesn't only come from the person directing exercise — administrative and support staff genuinely make real decisions and take real actions, from responding to an incident to recognising a safety concern, that deserve the same genuine training discipline as instructor certification itself.

The evidence: [35] Under-educated fitness staff are specifically identified as a documented cause of serious gym accidents, with death identified as a possible outcome, establishing genuine, structured staff training as a real safety requirement extending beyond certified instructors alone.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Every staff member, including administrative and support roles, receives genuine, documented training.	✗ Training is limited to certified instructors, leaving other staff informally trained.
✓ Training genuinely covers role-specific safety responsibilities.	✗ Training is generic, not addressing role-specific safety responsibilities.
✓ Training is genuinely refreshed periodically, not a one-time event.	✗ Training happens once and is never revisited.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Front-desk staff receive general orientation but not specific training on safety-relevant responsibilities like incident reporting.**
Every staff role that genuinely touches safety responsibilities deserves specific, not just general, training.

2 **Training is thorough at hire but refresher training lapses for non-instructor roles.**
Every staff member's readiness deserves the same genuine, ongoing reinforcement, not only instructors'.

3 **Training covers most safety topics but incident reporting specifics are addressed less thoroughly.**
Genuine incident reporting competence, addressed elsewhere in this standard, depends on staff being specifically trained to provide it.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current staff training for genuine coverage beyond certified instructors alone.

Week 2 Build role-specific safety training for administrative and support staff.

Week 3 Establish a consistent refresher schedule across all staff roles.

Ongoing Confirm training currency across all roles, not instructors alone.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask an administrative or front-desk staff member about their own specific safety training.
This reveals whether genuine training extends beyond certified instructors, not an assumption it does.

Ask when training was last refreshed for a non-instructor staff role.
A specific, real answer reveals genuine, ongoing practice, not a one-time initial session.

E-LEARNING academy.gmj.ge/fw-std7-5-broad-staff-training — 30 min · complete before self-assessment

Endorsements

What follows is an optional endorsement — an additional standard layered on top of the base seven, never issued alone. A facility must genuinely pass Standards 1 through 7 before the endorsement below is assessed. "Fitness & Wellness Facility" alone means the base seven only. "Fitness & Wellness Facility + Medical Tourism" means the base seven, verified first, plus the endorsement that follows.

STANDARD 8

Medical Tourism

OPTIONAL ENDORSEMENT

Requires Standards 1–7 verified first

10 criteria

Standard 8.1 **NON-NEGOTIABLE** · *Standard 8: Medical Tourism*

Pricing Transparency for International Wellness Guests

ASSESSMENT ASF-FW-STD8-v3.0

CR N/A	TR FULL	SM FULL	ST FULL

8.1
NON-NEGOTIABLE
L1

THE STANDARD

Pricing Transparency for International Wellness Guests

An international guest receives a complete, written, all-inclusive cost estimate before travel is booked — covering the full program and commonly needed extras — not a partial quote that grows once the guest has already committed to travelling.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Does every international guest receive a complete, written, all-inclusive estimate before booking travel?** *Written and complete, not a verbal figure that leaves room to grow later.* Doc: Written cost estimate documentation	YES	PARTIAL	NO
2	**Does the estimate cover commonly needed extras, not just the base program fee?** *Genuinely all-inclusive, not a narrow quote that predictably grows.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Is there a specific process for handling a genuine, unforeseeable cost change once the guest has arrived?** *A defined, transparent process, not an unexplained addition to the bill.* Doc: Cost change communication protocol	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Cost estimate review*	Reviews written estimates provided to a sample of recent international guests for completeness.
ASK *Guest cost experience interview*	Asks a recent international guest whether their final cost matched what they were quoted before travel.
DOCUMENT *Cost change protocol review*	Reviews the process for communicating any genuine, unforeseeable cost change.

REFERENCES

[36] WHO's guidance on financial protection in health systems identifies advance cost transparency as a determinant of genuine informed consent, a principle that applies with particular force when the guest has limited ability to seek a second opinion or negotiate after arrival.

Standard 8.1 · *Standard 8: Medical Tourism*

Guidance & Learning

GUIDANCE ASF-FW-STD8-v3.0

WHY THIS STANDARD EXISTS

A guest who has already booked flights and arranged time away from home has far less power to question a cost surprise than a local client would, and all-inclusive, advance pricing isn't a courtesy in this context — it's the only point in the process where a guest can still genuinely walk away.

The evidence: [36] WHO's guidance on financial protection in health systems identifies advance cost transparency as a determinant of genuine informed consent, a principle that applies with particular force when the guest has limited ability to seek a second opinion or negotiate after arrival.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Every international guest receives a complete, written, all-inclusive estimate before booking.	✗ Estimates are verbal, partial, or given only after the guest has already committed to travel.
✓ The estimate genuinely covers commonly needed extras, not just the base program fee.	✗ The quote covers only the base program, with predictable extras added later.
✓ A transparent, defined process exists for any genuine cost change.	✗ Cost increases appear on the final bill without prior communication.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Estimates are written and complete for the primary program but not for commonly bundled extras.**
A guest comparing quotes needs the genuinely full picture, not just the headline program cost.

2 **The estimate is provided in writing but only after initial travel arrangements are already underway.**
The protective value of advance pricing depends on it arriving before the guest's negotiating position weakens.

3 **A cost change process exists but isn't proactively explained to guests in advance.**
A process guests don't know about doesn't provide real reassurance if a change occurs.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current pricing communication practice against genuine advance, all-inclusive standard.

Week 2 Build a complete, written estimate template covering commonly needed extras.

Week 3 Establish a transparent process for communicating any genuine cost change.

Ongoing Audit final costs against original estimates for a sample of guests.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask a recent international guest directly whether the final cost matched the original quote.
This is the clearest, most direct test of genuine pricing transparency.

Ask to see a written estimate for a specific, real guest, not a generic template.
A real example reveals whether the practice is genuinely followed, not just documented in policy.

E-LEARNING academy.gmj.ge/fw-std8-1-pricing-transparency — 30 min · complete before self-assessment

	Standard 8.2 **NON-NEGOTIABLE** · *Standard 8: Medical Tourism* **Language Access for International Guests**	**ASSESSMENT** ASF-FW-STD8-v3.0

CR N/A	TR FULL	SM ADAPTED	ST FULL

8.2
NON-NEGOTIABLE
L1

THE STANDARD

Language Access for International Guests

International guests have access to a genuinely competent interpreter for program orientation, safety instructions, and any consent conversation — not an ad hoc arrangement using whichever staff member happens to speak some of the guest's language.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Is a genuinely competent interpreter used for program orientation, safety instructions, and consent conversations?** *Trained interpreter competency, not ad hoc bilingual staff pressed into service.* Doc: Interpreter engagement record	YES	PARTIAL	NO
2	**Is interpreter access arranged before the guest arrives, not improvised on the day?** *Planned in advance, matched to the guest's actual language.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Can the guest explain back key safety instructions in their own words?** *Tests genuine understanding, not just that interpretation technically occurred.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Interpreter engagement review*	Reviews records for genuine, trained interpreter engagement, not ad hoc bilingual staff use.
ASK *Advance arrangement interview*	Asks staff how interpreter access is arranged before an international guest's arrival.
OBSERVE *Guest understanding check*	Checks whether the guest can explain back key safety instructions.

REFERENCES

[37] Professional interpreter use is consistently associated with improved comprehension, informed consent quality, and safety outcomes compared with ad hoc interpretation by untrained bilingual staff or fellow guests.

Standard 8.2 · *Standard 8: Medical Tourism*

Guidance & Learning

GUIDANCE ASF-FW-STD8-v3.0

WHY THIS STANDARD EXISTS

Language access for wellness tourism carries the same stakes as anywhere else safety instructions genuinely matter, and a guest who doesn't fully understand a program's real physical demands or safety guidance faces genuine risk they didn't actually, knowingly accept.

The evidence: [37] Professional interpreter use is consistently associated with improved comprehension, informed consent quality, and safety outcomes compared with ad hoc interpretation by untrained bilingual staff or fellow guests.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ A genuinely trained, competent interpreter is used consistently.	✗ Whichever staff member happens to speak some of the language is used ad hoc.
✓ Interpreter access is arranged in advance, matched to the guest's language.	✗ Interpreter arrangements are improvised on the day of arrival.
✓ Guests can explain back key safety instructions in their own words.	✗ Guests cannot explain back safety instructions.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **A trained interpreter is used for arrival orientation but not for ongoing daily program instructions.**
Safety guidance during the program carries real, ongoing importance, not only at arrival.

2 **Interpreter access exists but isn't confirmed until the guest has already arrived.**
Advance confirmation avoids a scramble that risks falling back on ad hoc arrangements.

3 **Interpretation occurs but understanding is never actively checked afterward.**
Interpretation without verified understanding doesn't confirm the safety guidance actually landed.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current interpreter arrangements for international guests.

Week 2 Establish advance booking of trained interpreters matched to expected guest languages.

Week 3 Extend interpreter use to ongoing daily program instructions, not arrival alone.

Ongoing Spot-check guest understanding after interpreted safety instructions.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask specifically about interpretation for daily program safety instructions, not just arrival orientation.
This is where interpreter use most commonly lapses.

Ask a guest to explain back a specific safety instruction in their own words.
This tests genuine understanding, not just that an interpreter was present.

E-LEARNING academy.gmj.ge/fw-std8-2-language-access — 30 min · complete before self-assessment

	Standard 8.3 NON-NEGOTIABLE · *Standard 8: Medical Tourism* **Booking Agent and Facilitator Verification**	ASSESSMENT ASF-FW-STD8-v3.0

CR N/A	TR FULL	SM ADAPTED	ST FULL

8.3
NON-NEGOTIABLE
L1

THE STANDARD

Booking Agent and Facilitator Verification

Any wellness tourism booking agent or facilitator referring guests to this facility is specifically verified — real business registration, a real, checkable track record — with the verification documented, not accepted based on the volume of guests they refer or how professional their marketing appears.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Is each booking agent or facilitator specifically verified for legitimate business registration and a checkable track record?** *Genuine, specific verification, not accepted based on referral volume or marketing professionalism alone.* Doc: Facilitator verification record	YES	PARTIAL	NO
2	**Is verification documented and periodically reconfirmed, not done once and assumed to remain valid indefinitely?** *An active, periodically reconfirmed process, not a one-time check.* Doc: Periodic reconfirmation record	YES	PARTIAL	NO
3	**Is there a specific process for reviewing what a facilitator actually tells guests about program intensity and content?** *Active oversight of facilitator representations, not an assumption they accurately represent the program.* Doc: Facilitator representation review process	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Facilitator verification review*	Reviews verification records for business registration and track record for each facilitator.
DOCUMENT *Reconfirmation schedule review*	Reviews whether verification is periodically reconfirmed, not a one-time check.
ASK *Representation review interview*	Asks staff how they review what facilitators actually tell guests about the program.

REFERENCES

[38] Medical and wellness tourism governance literature consistently identifies unregulated facilitator and agent networks as a distinct risk category, separate from the operational quality of the receiving facility itself.

Standard 8.3 · *Standard 8: Medical Tourism*
Guidance & Learning

GUIDANCE ASF-FW-STD8-v3.0

WHY THIS STANDARD EXISTS

A booking agent sits between the guest and the facility with real influence over what the guest is told and expects, and an unverified agent can misrepresent program intensity, risk, or what's actually included in ways the facility only discovers after a guest arrives already misinformed.

The evidence: [38] Medical and wellness tourism governance literature consistently identifies unregulated facilitator and agent networks as a distinct risk category, separate from the operational quality of the receiving facility itself.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Each facilitator is specifically verified for legitimate registration and track record.	✗ Facilitators are accepted based on referral volume without specific verification.
✓ Verification is documented and periodically reconfirmed.	✗ Verification, if it happened, was never reconfirmed after initial acceptance.
✓ A specific process reviews what facilitators actually represent to guests.	✗ No process exists to review what facilitators actually tell guests.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Verification happens for new facilitator relationships but isn't reconfirmed for long-standing ones.**
A facilitator's legitimacy and practices can change over time even after an initial, valid verification.

2 **Verification covers business registration but not the accuracy of their guest-facing representations.**
A legitimately registered facilitator can still misrepresent program intensity or content to guests.

3 **Guests occasionally arrive with expectations that don't match what the facility actually offers.**
This is a real, observable signal that facilitator representation review deserves closer attention.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current facilitator relationships for specific verification versus assumed legitimacy.

Week 2 Establish or strengthen documented verification for every facilitator relationship.

Week 3 Build a periodic reconfirmation schedule and a process for reviewing facilitator representations.

Ongoing Review guest expectations against program reality as an indicator of facilitator accuracy.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask for the actual verification record for a specific, named facilitator.
A specific, documented record is the real evidence of genuine verification, not assumed legitimacy.

Ask a recent international guest what they were told by their facilitator before arrival.
This reveals whether facilitator representations actually match program reality.

E-LEARNING academy.gmj.ge/fw-std8-3-facilitator-verification — 30 min · complete before self-assessment

	Standard 8.4 NON-NEGOTIABLE · *Standard 8: Medical Tourism* **International Guest Complaint and Redress Process**	ASSESSMENT ASF-FW-STD8-v3.0

CR N/A	TR FULL	SM FULL	ST FULL

8.4
NON-NEGOTIABLE
L1

THE STANDARD

International Guest Complaint and Redress Process

International guests have access to a genuine complaint and redress process reachable from their home country, with real evidence complaints are addressed — not a process that functionally only works for a guest still physically present at the facility.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Is there a specific complaint channel genuinely reachable from the guest's home country?** *Genuine remote accessibility, not a channel that functionally only works locally.* Doc: Complaint channel documentation	YES	PARTIAL	NO
2	**Is the complaint channel accessible in relevant languages and time zones?** *Genuine accessibility accounting for real language and time zone barriers.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Is there real, documented evidence that complaints from returned guests are actually addressed?** *Genuine follow-through, not a channel that exists but produces no real response.* Doc: Complaint resolution record	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
DOCUMENT *Complaint channel accessibility review*	Reviews whether the complaint channel is genuinely reachable and usable from abroad.
DOCUMENT *Language and time zone accessibility review*	Reviews whether the channel accounts for relevant languages and time zone differences.
DOCUMENT *Resolution record review*	Reviews documented evidence that complaints from returned guests are genuinely addressed.

REFERENCES

[39] Cross-border consumer redress mechanisms are identified in international tourism governance literature as a distinct requirement from domestic complaint processes, given the specific access barriers international travelers face after returning home.

Standard 8.4 · *Standard 8: Medical Tourism*
Guidance & Learning

GUIDANCE ASF-FW-STD8-v3.0

WHY THIS STANDARD EXISTS

A guest who returns home and later raises a genuine concern faces real access barriers a local client doesn't, and a complaint channel that doesn't genuinely accommodate this excludes exactly the guests most likely to need it.

The evidence: [39] Cross-border consumer redress mechanisms are identified in international tourism governance literature as a distinct requirement from domestic complaint processes, given the specific access barriers international travelers face after returning home.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ The complaint channel is genuinely reachable and usable from abroad.	✗ The complaint process functionally requires physical presence at the facility.
✓ The channel accounts for relevant languages and time zone differences.	✗ No accommodation exists for language or time zone barriers.
✓ Real, documented evidence shows complaints are genuinely addressed.	✗ No documented evidence exists that complaints from returned guests are addressed.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **A remote complaint channel exists but response times are significantly slower than for on-site concerns.**
A technically accessible channel that responds too slowly doesn't provide genuine redress.

2 **The channel is accessible by email but responses aren't genuinely timed to the guest's time zone.**
Technical accessibility without genuine time zone awareness limits real, timely communication.

3 **Complaints are received but resolution isn't consistently communicated back to the guest.**
An undocumented or uncommunicated resolution provides little real reassurance to the guest.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current complaint channel for genuine remote, language, and time zone accessibility.

Week 2 Establish or strengthen remote-accessible complaint intake in relevant languages.

Week 3 Establish documented resolution tracking with clear communication back to the guest.

Ongoing Track response times and resolution rates for international guest complaints specifically.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask for a real example of a complaint received from a guest after they had already returned home.
A real example reveals whether the channel genuinely functions for exactly the guests who need it most.

Test the complaint channel's accessibility in a language other than the local one.
This directly reveals genuine language accessibility, not an assumption of it.

E-LEARNING academy.gmj.ge/fw-std8-4-complaint-redress — 30 min · complete before self-assessment

	Standard 8.5 **NON-NEGOTIABLE** · *Standard 8: Medical Tourism* **Travel Fatigue Is Factored Into Program Intensity, Not Ignored**	**ASSESSMENT** ASF-FW-STD8-v3.0

CR N/A	TR FULL	SM ADAPTED	ST FULL

8.5
NON-NEGOTIABLE
L1

THE STANDARD

Travel Fatigue Is Factored Into Program Intensity, Not Ignored

Program intensity for an arriving international guest genuinely accounts for real travel fatigue — jet lag, disrupted sleep, dehydration from flight — not beginning a high-intensity program immediately on arrival as though the guest hadn't just traveled at all.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Does program intensity for an arriving guest genuinely account for real travel fatigue, not assume full readiness immediately?** *Real, deliberate adjustment for arrival fatigue, not intensity beginning as though travel hadn't occurred.* Doc: Arrival program adjustment documentation	YES	PARTIAL	NO
2	**Is there a specific, structured adjustment period before full-intensity programming begins?** *A real, defined adjustment period, not immediate full participation on arrival.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Are guests specifically asked about their own travel experience — flight length, time zones crossed — to inform this adjustment?** *Genuine, individual assessment of actual travel impact, not a generic assumption applied to everyone.* Doc: Travel impact assessment	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Arrival adjustment review*	Reviews whether program intensity genuinely adjusts for arrival fatigue.
OBSERVE *Adjustment period observation*	Observes whether a real, structured adjustment period precedes full-intensity programming.
DOCUMENT *Travel impact assessment review*	Reviews whether guests are specifically asked about their actual travel experience.

REFERENCES

[40] A Columbia University study of business travelers found frequent and extensive travel associated with increased cardiovascular risk factors including obesity, high blood pressure, and high cholesterol, with jet lag, poor sleep, and disrupted routine establishing genuine, real physical depletion that program intensity must account for on arrival.

Standard 8.5 · *Standard 8: Medical Tourism*
Guidance & Learning

GUIDANCE ASF-FW-STD8-v3.0

WHY THIS STANDARD EXISTS

Research on frequent and extensive travel has found genuine associations with increased cardiovascular risk factors, and a guest who has just experienced real jet lag, poor sleep, and physical depletion from travel is not in the same physical state a facility might reasonably assume — beginning intense programming immediately ignores this real, documented physiological reality.

The evidence: [40] A Columbia University study of business travelers found frequent and extensive travel associated with increased cardiovascular risk factors including obesity, high blood pressure, and high cholesterol, with jet lag, poor sleep, and disrupted routine establishing genuine, real physical depletion that program intensity must account for on arrival.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Program intensity genuinely accounts for real arrival fatigue.	✗ Full-intensity programming begins immediately on arrival, regardless of travel.
✓ A specific, structured adjustment period precedes full intensity.	✗ No structured adjustment period exists.
✓ Guests are specifically assessed for their actual travel impact.	✗ Travel impact is assumed generically, not individually assessed.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Adjustment happens for guests arriving from significantly different time zones but not for shorter, still fatiguing journeys.**
Genuine fatigue can result from travel that doesn't cross many time zones, and deserves the same consideration.

2 **An adjustment period exists on paper but isn't consistently followed when a guest insists they feel ready.**
Genuine physiological depletion doesn't necessarily match a guest's own subjective sense of readiness.

3 **Assessment happens but isn't genuinely used to inform the actual first-day program.**
An assessment that doesn't inform real program adjustment provides limited genuine protective value.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current arrival program design for genuine accounting of travel fatigue.

Week 2 Establish a structured adjustment period before full-intensity programming.

Week 3 Build a specific travel impact assessment informing actual first-day program design.

Ongoing Confirm adjustment period practice holds even when a guest requests to begin immediately.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask what a guest arriving from a long-haul flight would actually do on their first day.
A specific, real answer reveals genuine practice, not an assumption that adjustment happens.

Ask how staff would respond to a guest insisting they're ready for full intensity immediately.
A specific, thoughtful answer reveals whether genuine physiological consideration holds against guest preference.

E-LEARNING academy.gmj.ge/fw-std8-5-travel-fatigue-adjustment — 30 min · complete before self-assessment

Standard 8.6 **NON-NEGOTIABLE** · *Standard 8: Medical Tourism*

Extreme or High-Intensity Wellness Programming Requires Genuine Medical Oversight

ASSESSMENT ASF-FW-STD8-v3.0

CR N/A	TR FULL	SM ADAPTED	ST FULL

8.6
NON-NEGOTIABLE
L1

THE STANDARD

Extreme or High-Intensity Wellness Programming Requires Genuine Medical Oversight

Any program pushing toward genuine physical extremes — intensive detox, extended fasting, high-altitude exertion, extreme temperature exposure — is genuinely overseen by a trained medical professional, not delivered by wellness staff alone regardless of how experienced they are in non-medical wellness practice.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.				
1	**Is any genuinely extreme or high-intensity program overseen by a trained medical professional, not wellness staff alone?** *Real, medical oversight specifically, not general wellness expertise substituted for it.* Doc: Medical oversight documentation for extreme programming	YES	PARTIAL	NO
2	**Is the medical professional genuinely present or immediately accessible during the actual extreme activity, not consulted only in advance?** *Real, active presence or immediate accessibility during the activity itself, not a prior consultation alone.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Is there a specific, defined threshold for what counts as "extreme," triggering this requirement, not left to informal judgment?** *A real, defined threshold, not an assumption staff will recognise when oversight is needed.* Doc: Extreme program threshold definition	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks	
DOCUMENT *Medical oversight documentation review*	Reviews evidence of genuine medical professional oversight for programs meeting the extreme threshold.
OBSERVE *Presence or accessibility observation*	Confirms medical oversight is genuinely present or immediately accessible during the actual activity.
DOCUMENT *Threshold definition review*	Reviews the facility's specific, defined threshold for what triggers mandatory medical oversight.

REFERENCES

[41] Documented analysis of the wellness retreat industry identifies a competitive push toward increasingly extreme treatment offerings, with certain extreme treatments carrying serious health risks particularly when not carried out by trained medical professionals.

Standard 8.6 · *Standard 8: Medical Tourism*
Guidance & Learning

GUIDANCE ASF-FW-STD8-v3.0

WHY THIS STANDARD EXISTS

The wellness retreat industry has been documented specifically pushing toward physical extremes to differentiate in a crowded market, and certain extreme treatments carry genuine, serious health risk particularly when not overseen by trained medical professionals — a wellness instructor's real expertise, however genuine, does not extend to managing the specific physiological risks these programs can create.

The evidence: [41] Documented analysis of the wellness retreat industry identifies a competitive push toward increasingly extreme treatment offerings, with certain extreme treatments carrying serious health risks particularly when not carried out by trained medical professionals.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Genuinely extreme programming is overseen by a trained medical professional.	✗ Extreme programming relies on wellness staff alone, without medical oversight.
✓ The medical professional is genuinely present or immediately accessible during the activity.	✗ Medical input, if any, happens only in advance, not during the actual activity.
✓ A specific, defined threshold clearly identifies what triggers this requirement.	✗ No defined threshold exists; the need for oversight is left to informal judgment.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Medical oversight is genuine for the most extreme offerings but the threshold isn't clearly defined for borderline programs.**
A clear, specific threshold prevents genuinely risky borderline programs from falling through an undefined gap.

2 **A medical professional is consulted in program design but isn't genuinely present during the actual activity.**
Real-time oversight during the activity itself is what actually protects a guest if something goes wrong in the moment.

3 **Oversight exists for programs the facility itself labels extreme but not for guest-requested intensification of a standard program.**
Genuine risk can emerge from intensification a guest requests, not only from programs formally labeled extreme.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current extreme programming for genuine medical oversight versus wellness staff alone.

Week 2 Establish a specific, clear threshold defining what triggers mandatory medical oversight.

Week 3 Confirm medical presence or immediate accessibility during the actual activity, not consultation alone.

Ongoing Apply the threshold consistently, including guest-requested intensification.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask for the facility's specific, defined threshold for what counts as extreme programming.
A specific, real threshold reveals genuine practice, not informal judgment.

Ask where the medical professional actually is during a specific extreme activity.
A specific, confident answer reveals genuine real-time oversight, not advance consultation alone.

E-LEARNING academy.gmj.ge/fw-std8-6-extreme-program-medical-oversight — 30 min · complete before self-assessment

Standard 8.7 **NON-NEGOTIABLE** · *Standard 8: Medical Tourism*

Thermal and Mineral Spring Facilities Follow Updated Safety Regulation

ASSESSMENT ASF-FW-STD8-v3.0

CR N/A	TR ADAPTED	SM ADAPTED	ST FULL

8.7
NON-NEGOTIABLE
L1

THE STANDARD

Thermal and Mineral Spring Facilities Follow Updated Safety Regulation

Thermal and mineral spring bathing facilities genuinely follow current, updated safety regulation and international best practice — water quality, temperature monitoring, bather capacity — not outdated practice assumed adequate because it hasn't caused a documented problem yet.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Does the facility genuinely follow current, updated water quality and safety regulation for thermal or mineral spring bathing?** *Real, current regulatory compliance, not outdated practice assumed adequate.* Doc: Water quality and safety compliance documentation	YES	PARTIAL	NO
2	**Is water temperature genuinely, actively monitored, not assumed stable without verification?** *Real, active monitoring, not an assumption based on the source's general reputation.* Doc: Temperature monitoring record	YES	PARTIAL	NO
3	**Is bather capacity genuinely enforced, not exceeded during high-demand periods?** *Real, enforced capacity limits, not capacity guidance ignored when demand is high.* Doc: Bather capacity enforcement record	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Regulatory compliance review*	Reviews evidence of genuine, current compliance with water quality and safety regulation.
DOCUMENT *Temperature monitoring review*	Reviews records of active, regular temperature monitoring.
OBSERVE *Capacity enforcement observation*	Observes whether bather capacity limits are genuinely enforced, particularly during high demand.

REFERENCES

[42] Global Wellness Institute wellness policy specifically calls for updating regulations and following international best practices for regulating health and safety at thermal and mineral springs bathing establishments, reflecting genuine, documented gaps between historical practice and current safety standards.

Standard 8.7 · *Standard 8: Medical Tourism*
Guidance & Learning

GUIDANCE ASF-FW-STD8-v3.0

WHY THIS STANDARD EXISTS

Thermal and mineral spring bathing carries genuine, specific real risks — water-borne pathogens, temperature-related cardiovascular strain, overcrowding — and international wellness policy specifically calls for updated regulation and best practice in this area precisely because historical or informal practice often hasn't kept pace with genuine, current safety understanding.

The evidence: [42] Global Wellness Institute wellness policy specifically calls for updating regulations and following international best practices for regulating health and safety at thermal and mineral springs bathing establishments, reflecting genuine, documented gaps between historical practice and current safety standards.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ The facility genuinely follows current, updated safety regulation.	✗ Practice is outdated, assumed adequate without genuine current compliance.
✓ Water temperature is genuinely, actively monitored.	✗ Temperature monitoring is absent or purely assumed from reputation.
✓ Bather capacity is genuinely enforced, including during high demand.	✗ Capacity limits are ignored during high-demand periods.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Water quality testing happens but not at a genuinely sufficient frequency to catch a real, developing issue promptly.**
Testing frequency should genuinely reflect real risk, not a minimal, infrequent schedule.

2 **Temperature monitoring is documented but the response process for out-of-range readings isn't clearly defined.**
Monitoring without a genuine, defined response doesn't provide real protective value on its own.

3 **Capacity is generally respected but isn't consistently enforced during the facility's busiest periods.**
Genuine enforcement needs to hold specifically when demand and crowding risk are highest.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current thermal and mineral spring practice against updated safety regulation and best practice.

Week 2 Establish or strengthen regular, sufficient water quality and temperature monitoring.

Week 3 Build a genuine, enforced bather capacity limit, including during high demand.

Ongoing Audit compliance against current, updated regulatory requirements.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask to see the actual, current water quality testing records, not a general assurance of safety.
A real, specific record reveals genuine, current compliance, not assumed adequacy.

Observe capacity enforcement during a genuinely busy period.
This is where capacity limits are most likely to be informally relaxed.

E-LEARNING academy.gmj.ge/fw-std8-7-thermal-spring-safety — 30 min · complete before self-assessment

Standard 8.8 **CORE** · *Standard 8: Medical Tourism*

Travel Insurance and Emergency Evacuation Coverage Is Verified

ASSESSMENT ASF-FW-STD8-v3.0

CR N/A	TR FULL	SM ADAPTED	ST FULL

8.8
CORE
L1

THE STANDARD

Travel Insurance and Emergency Evacuation Coverage Is Verified

Before high-intensity or remote-location programming, the facility genuinely verifies that an international guest holds adequate travel insurance, including emergency medical evacuation coverage — not assuming guests have arranged this themselves without confirming it.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Does the facility genuinely verify travel insurance and evacuation coverage before high-intensity or remote programming?** *Real, active verification, not an assumption guests have arranged adequate coverage themselves.* Doc: Insurance verification record	YES	PARTIAL	NO
2	**Does verification specifically confirm emergency medical evacuation coverage, not general travel insurance alone?** *Specific, genuine confirmation of evacuation coverage, not general insurance assumed to include it.* Doc: N/A — tested directly	YES	PARTIAL	NO
3	**Is there a specific process for what happens if a guest lacks adequate coverage, not simply proceeding regardless?** *A real, defined response, not intensive programming proceeding despite an identified coverage gap.* Doc: Coverage gap response process	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Requires improvement plan.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Verification record review*	Reviews evidence of genuine insurance and evacuation coverage verification before intensive programming.
DOCUMENT *Evacuation coverage specificity review*	Reviews whether verification specifically confirms evacuation coverage, not general insurance alone.
DOCUMENT *Coverage gap response review*	Reviews the defined response when a guest lacks adequate coverage.

REFERENCES

[43] Adequate travel insurance including emergency medical evacuation coverage is established as a genuine safety consideration for wellness tourism, particularly for programming in remote locations where local emergency care access may be limited.

Standard 8.8 · *Standard 8: Medical Tourism*

Guidance & Learning

GUIDANCE ASF-FW-STD8-v3.0

WHY THIS STANDARD EXISTS

A genuine medical emergency at a remote wellness destination may require evacuation to adequate care that isn't locally available, and a guest without genuine evacuation coverage faces real, serious financial and access barriers to that care at exactly the moment they most need it — verification before intensive programming begins is what catches this gap while there's still time to address it.

The evidence: [43] Adequate travel insurance including emergency medical evacuation coverage is established as a genuine safety consideration for wellness tourism, particularly for programming in remote locations where local emergency care access may be limited.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Insurance and evacuation coverage are genuinely, actively verified before intensive programming.	✗ Coverage is assumed without genuine verification.
✓ Verification specifically confirms evacuation coverage, not general insurance alone.	✗ Verification, if any, confirms general insurance without specifically checking evacuation coverage.
✓ A real, defined response addresses an identified coverage gap.	✗ Programming proceeds regardless of an identified coverage gap.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Verification happens for the most remote programming but not consistently for moderately remote locations.**
Genuine remoteness, not a binary extreme/non-extreme distinction, should determine when verification matters.

2 **Coverage is confirmed to exist but the specific evacuation limits aren't checked against genuine program risk.**
A policy's coverage limits should genuinely match the actual risk of the specific program a guest is undertaking.

3 **A response process exists for identified gaps but isn't consistently applied when a guest is eager to proceed.**
A defined response needs consistent application, not exceptions made for an eager guest.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current insurance verification practice for genuine, specific evacuation coverage confirmation.

Week 2 Establish verification specifically before high-intensity or remote-location programming.

Week 3 Build a defined, consistently applied response for identified coverage gaps.

Ongoing Confirm coverage limits genuinely match actual program risk level.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask how the facility would specifically verify evacuation coverage for a real, upcoming guest.
A specific, confident answer reveals genuine practice, not an assumption of adequate coverage.

Ask what happens if a guest arrives without adequate coverage for planned intensive programming.
A specific, defined answer reveals whether the response process genuinely holds under real pressure.

E-LEARNING academy.gmj.ge/fw-std8-8-evacuation-coverage — 30 min · complete before self-assessment

Standard 8.9 **NON-NEGOTIABLE** · *Standard 8: Medical Tourism*

Substance-Related Wellness Practices Follow Genuine Safety Disclosure and Legal Compliance

ASSESSMENT ASF-FW-STD8-v3.0

CR N/A	TR FULL	SM FULL	ST FULL

8.9
NON-NEGOTIABLE
L1

THE STANDARD

Substance-Related Wellness Practices Follow Genuine Safety Disclosure and Legal Compliance

Any wellness practice involving substances with genuine physiological or psychoactive effect — including those marketed as natural or traditional — follows genuine safety disclosure and confirmed legal compliance in the jurisdiction where it occurs, not offered without the guest genuinely understanding real risk or legal status.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Does any substance-related wellness practice come with genuine safety disclosure, not assumed safe from natural framing?** *Real disclosure of actual risk, not an assumption natural framing means no risk.* Doc: Substance-related practice disclosure documentation	YES	PARTIAL	NO
2	**Is legal compliance in the actual jurisdiction genuinely confirmed, not assumed?** *Real, confirmed legal status, not assumed from traditional use elsewhere.* Doc: Legal compliance verification	YES	PARTIAL	NO
3	**Does the guest genuinely understand both risk and legal status before participating?** *Real, demonstrated understanding, not participation offered without informed context.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Disclosure documentation review*	Reviews genuine safety disclosure provided for any substance-related wellness practice.
DOCUMENT *Legal compliance review*	Reviews confirmed legal compliance verification for the actual jurisdiction.
ASK *Guest understanding interview*	Asks a guest what they understand about the risk and legal status of a substance-related practice offered.

REFERENCES

[44] Global Wellness Institute wellness policy specifically calls for educating wellness travelers on the regulatory and safety issues for substances with cognitive or psychoactive effect used in some wellness contexts, establishing genuine disclosure as necessary practice, distinct from assumed safety based on natural or traditional framing.

Standard 8.9 · *Standard 8: Medical Tourism*
Guidance & Learning

GUIDANCE ASF-FW-STD8-v3.0

WHY THIS STANDARD EXISTS

International wellness policy specifically calls for educating travelers on the genuine regulatory and safety issues surrounding substances used in some wellness contexts, and a guest offered such a practice deserves to genuinely understand both the real physiological risk and whether the practice is actually legal where they are — not an assumption that "natural" or "traditional" framing means either question doesn't need addressing.

The evidence: [44] Global Wellness Institute wellness policy specifically calls for educating wellness travelers on the regulatory and safety issues for substances with cognitive or psychoactive effect used in some wellness contexts, establishing genuine disclosure as necessary practice, distinct from assumed safety based on natural or traditional framing.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ Genuine safety disclosure accompanies any substance-related wellness practice.	✗ Disclosure is absent, with safety assumed from natural or traditional framing alone.
✓ Legal compliance is genuinely confirmed for the actual jurisdiction.	✗ Legal status is assumed, not genuinely confirmed.
✓ Guests genuinely understand both risk and legal status before participating.	✗ Guests participate without genuine understanding of risk or legality.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Disclosure covers general risk but doesn't specifically address genuine interaction risk with medications or conditions.**
Real, specific interaction risk deserves the same genuine disclosure as general practice risk.

2 **Legal compliance was confirmed at some point but hasn't been reconfirmed as regulation has changed.**
Legal status can genuinely change, and confirmation should reflect current, not historical, regulation.

3 **Disclosure happens but isn't consistently verified as genuinely understood before participation.**
Verification of genuine understanding is what distinguishes real informed consent from disclosure alone.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current substance-related wellness practices for genuine safety disclosure and legal compliance.

Week 2 Establish specific disclosure covering real physiological risk and interaction considerations.

Week 3 Confirm current legal compliance for the actual jurisdiction.

Ongoing Reconfirm legal compliance as regulation changes.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask a guest what they were told about the risk and legality of a specific substance-related practice.
A specific, real answer reveals genuine disclosure and understanding, not an assumption of safety.

Ask how the facility confirmed the practice is genuinely legal in this specific jurisdiction.
A specific, confident answer reveals genuine verification, not assumed legality.

E-LEARNING academy.gmj.ge/fw-std8-9-substance-disclosure — 30 min · complete before self-assessment

Standard 8.10 **NON-NEGOTIABLE** · *Standard 8: Medical Tourism*

Facilitator Representations About Program Intensity Match Actual Reality

ASSESSMENT ASF-FW-STD8-v3.0

CR N/A	TR FULL	SM ADAPTED	ST FULL

8.10
NON-NEGOTIABLE
L1

THE STANDARD

Facilitator Representations About Program Intensity Match Actual Reality

What a booking facilitator represents about a program's actual physical intensity and demands genuinely matches the program guests actually experience — not marketed as gentler or less demanding than reality to secure a booking, leaving guests to discover the genuine intensity only on arrival.

FACILITY SELF-ASSESSMENT Tick YES, PARTIAL, or NO for each question.

1	**Does the facility specifically verify that facilitator representations of program intensity match actual reality?** *Real, specific verification of intensity representation, not general facilitator legitimacy checking alone.* Doc: Intensity representation verification process	YES	PARTIAL	NO
2	**Is there a specific process for identifying and correcting a facilitator who consistently misrepresents intensity?** *A real, active process, not passive tolerance of a pattern of misrepresentation.* Doc: Misrepresentation correction process	YES	PARTIAL	NO
3	**Are guests specifically asked, on arrival, whether the program matches what they were told to expect?** *Real, direct verification from the guest's own perspective, not assumed accuracy.* Doc: N/A — tested directly	YES	PARTIAL	NO

ALL YES Standard likely met. **ANY PARTIAL** Improvement plan required. **ANY NO** Blocks accreditation until resolved.

WHAT THE ASSESSOR DOES ON SITE no surprises, no hidden checks

DOCUMENT *Intensity verification process review*	Reviews the specific process for verifying facilitator intensity representations against actual program reality.
DOCUMENT *Misrepresentation correction review*	Reviews the process for identifying and correcting a facilitator with a pattern of misrepresentation.
ASK *Arrival expectation check*	Asks a recent guest whether the actual program matched what their facilitator told them to expect.

REFERENCES

[45] Accurate representation of actual program intensity and content, verified against real guest experience, is established as a specific, necessary dimension of facilitator oversight in wellness and medical tourism governance, distinct from general facilitator legitimacy verification alone.

Standard 8.10 · *Standard 8: Medical Tourism*

Guidance & Learning

GUIDANCE ASF-FW-STD8-v3.0

WHY THIS STANDARD EXISTS

A guest who books based on a facilitator's representation of moderate intensity, but arrives to find a genuinely more demanding program, may be participating in physical activity beyond what they actually, knowingly prepared for or consented to — this is a real, specific version of the facilitator misrepresentation risk this whole endorsement's verification requirement exists to catch.

The evidence: [45] Accurate representation of actual program intensity and content, verified against real guest experience, is established as a specific, necessary dimension of facilitator oversight in wellness and medical tourism governance, distinct from general facilitator legitimacy verification alone.

WHAT GOOD LOOKS LIKE	WHAT FAILURE LOOKS LIKE
✓ The facility specifically verifies facilitator intensity representations against actual reality.	✗ Intensity representation accuracy isn't specifically checked, only general facilitator legitimacy.
✓ A real, active process identifies and corrects facilitator misrepresentation.	✗ Misrepresentation patterns are tolerated without correction.
✓ Guests are specifically asked whether the program matched expectations.	✗ Guests aren't asked whether their experience matched what they were told to expect.

MOST COMMON REASONS FACILITIES SCORE PARTIAL

1 **Verification happens for new facilitator relationships but isn't revisited if intensity representations drift over time.**
A facilitator's representations can genuinely change, and verification should track this on an ongoing basis, not only at initial relationship setup.

2 **Guest feedback on expectation match is gathered but not systematically connected back to a specific facilitator.**
Feedback that isn't traced to its source doesn't provide the genuine, actionable signal this criterion depends on.

3 **A correction process exists but hasn't been applied even when a real pattern was identified.**
An identified pattern without genuine, resulting correction doesn't protect future guests from the same misrepresentation.

HOW TO IMPLEMENT IF YOU ARE STARTING FROM ZERO

Week 1 Review current facilitator oversight for genuine intensity representation verification.

Week 2 Establish a process specifically checking representation accuracy against actual program reality.

Week 3 Build a genuine correction process for identified misrepresentation patterns.

Ongoing Gather and trace guest expectation-match feedback to specific facilitators.

FOR SURVEYORS — WHAT IS NOT OBVIOUS

Ask a recent guest directly whether the actual program matched what they were told to expect.
A real, direct answer reveals genuine accuracy, not assumed facilitator reliability.

Ask for a real example of a facilitator being corrected for misrepresenting program intensity.
A real example, or its honest absence, reveals whether this process genuinely functions.

E-LEARNING academy.gmj.ge/fw-std8-10-intensity-representation-accuracy — 30 min · complete before self-assessment

References

Numbered references below are formal citations, in Vancouver style, each individually verified against the original source before inclusion. The [N] marker on each criterion's Reference line and "The evidence" line corresponds to its number here.

1. The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) is established as the international standard for pre-participation risk stratification and screening, with evidence-based preparticipation health screening models stratifying risk based on current physical activity level, presence of disease signs or symptoms, and desired exercise intensity.

2. A single positive response on validated pre-participation screening tools is established as sufficient to warrant a recommendation for medical evaluation before exercise participation begins.

3. Preparticipation health screening and risk stratification is established as an ongoing process responsive to genuine changes in health status, distinct from a single, one-time assessment treated as valid indefinitely.

4. Established evidence-based preparticipation health screening models use a structured decision process based on current physical activity level, presence of disease signs or symptoms, and desired exercise intensity, distinct from informal staff assessment of risk.

5. Preparticipation screening results are established as intended to directly inform individualized exercise program design and intensity, distinct from screening treated as an administrative record disconnected from actual program development.

6. The National Commission for Certifying Agencies (NCCA), established in 1989 as an independent accreditation body, requires certification programs to demonstrate compliance with 23 specific accreditation standards, establishing NCCA accreditation as the recognised benchmark for genuine personal trainer and group exercise instructor qualification.

7. Current CPR/AED credentialing is established as a baseline eligibility requirement for accredited fitness certification, reflecting the genuine, specific relevance of cardiac emergency response competence to directing exercise.

8. Fitness nutrition coaching certifications explicitly establish a scope of practice that remains limited compared to that of a registered and licensed dietitian, distinguishing genuine fitness-related guidance from clinical nutrition or medical advice.

9. Professionally qualified exercise staff, possessing academic training, practical and clinical knowledge, skills, and abilities commensurate with defined credentials, is established as a foundational requirement for safe exercise facility operation, distinct from unsupervised or informally supervised activity.

10. Genuine verification of claimed certifications directly with accredited certifying bodies, distinct from acceptance of self-reported credentials, is established practice for ensuring instructor qualification is real, not merely claimed.

11. A study of sudden cardiac arrest across 252 sports facilities over 18 years found neurologically intact survival rates of 93 percent in centres with an on-site AED compared with 9 percent in centres without one, with on-site AED presence the only independent predictor of survival in multivariate analysis.

12. Most AED models lack built-in connectivity to report their own status, establishing regular, manual verification of battery status, pad expiration, and device readiness as necessary practice, distinct from assumed functionality based on presence alone.

13. Early CPR and early defibrillation are established as the critical links in the chain of survival for cardiac arrest, with survival highest when both occur within the first minutes of collapse, establishing broad staff response capability, not reliance on a single certified individual, as necessary for genuine emergency readiness.

14. The chain of survival for cardiac arrest specifically requires early recognition, early CPR, early defibrillation, and early advanced care as coordinated, sequential actions, establishing a genuinely practiced, defined response protocol as necessary, distinct from improvised action in the moment.

15. On-site AED use is associated with meaningfully faster time to first shock compared with externally delivered defibrillation, establishing genuine measurement of actual response time as necessary to confirming a facility's real readiness matches the evidence-based standard, not merely assumed adequate.

16. Recognised fitness equipment maintenance practice establishes a genuine, tiered inspection schedule: a quick visual and functional check before each use, a more thorough inspection of bolts, cables, and belts on a daily or weekly basis, and deep maintenance inspection following manufacturer guidelines, distinct from a single, undifferentiated check.

17. The Consumer Product Safety Commission has documented hundreds of incidents involving individuals being pulled under moving treadmill belts, establishing genuine, active verification of treadmill emergency stop mechanisms as necessary, distinct from assumed function based on physical presence alone.

18. Established fitness facility safety practice requires cardio equipment to be spaced at least 19.7 inches apart to maintain accessible pathways, reflecting a genuine, measured minimum distance rather than equipment density prioritized over safe access.

19. Malfunctioning fitness equipment has resulted in documented, serious injury including spinal injury from equipment failure, establishing immediate, visible removal from availability upon identification of malfunction as necessary, distinct from continued availability pending eventual repair.

20. Established fitness facility safety practice requires genuine attention to flooring condition, ventilation, and shared surface hygiene as core components of facility environment safety, distinct from equipment-specific safety considered in isolation from the broader physical environment.

21. The FITT-VP principle — frequency, intensity, time, type, volume, and progression — is established as the core structural framework for individualized exercise prescription, reflecting that a prescription effective for one individual may be entirely inappropriate for another.

22. When training load exceeds genuine recovery capacity, the body cannot repair adequately before the next demand, resulting in increased weakness and injury risk rather than fitness adaptation, establishing gradual, recovery-matched progression as a genuine safety requirement, not solely an effectiveness consideration.

23. Exercise for members with chronic health conditions must be individualized and carried out with appropriate consideration of medical guidance, not through a generic program, establishing that for this population, individualization is fundamentally a safety matter, not solely an effectiveness consideration.

24. Rest and recovery are established as an integral, scheduled component of exercise prescription frameworks, necessary to prevent injury and enable genuine physiological adaptation, distinct from recovery treated as an unaddressed matter left to individual member discretion.

25. Progressive overload requires periodic reassessment and adjustment of exercise prescription, as the body adapts to a given stimulus and a fixed program ceases to provide genuine overload once that adaptation occurs.

26. In Leon v. Family Fitness Center (#107), Inc. (1998) 61 Cal.App.4th 1227, a liability release clause for a health club membership was declared unenforceable specifically because it was not conspicuous, establishing genuine clarity and conspicuousness as a real, legally recognised requirement for assumption-of-risk language.

27. Fitness liability guidance specifically identifies that while most people understand exercise carries some risk, many hold a genuine, documented misconception that exercising within a gym setting is inherently safe, establishing active correction of this belief as necessary to genuine informed consent, distinct from signature alone.

28. Liability waivers are established as interpreted narrowly, with consent signed at one location or for one activity not extending to a different location, third-party events, or activities outside what the participant reasonably understood they were consenting to.

29. The legally stronger construction for minor participation consent has the parent or guardian assume risk on the child's behalf and release the parent's own claims, distinct from a parent purporting to waive the minor's own future claims, which holds up far less reliably.

30. Genuine member access to their own signed consent documentation is established as consistent with the underlying purpose of informed consent, supporting transparency and a member's ongoing understanding of what they agreed to.

31. Effective incident reporting requires specific, objective detail — precise location, factual description of the event, injury details, response actions taken, and environmental factors — with vague documentation identified as a leading factor in denied insurance claims and failed liability defence.

32. Many insurance carriers require incident notification within 24 to 48 hours of a significant event, with insufficient or delayed documentation identified as a leading factor in denied insurance claims.

33. Fitness facility insurance guidance distinguishes general liability coverage, addressing physical incidents such as slip-and-fall accidents and equipment injuries, from professional liability coverage, addressing claims arising from training errors, program design, or inadequate instruction, with most facilities requiring both.

34. Consistent incident reporting is established as valuable specifically for identifying equipment maintenance needs, high-risk areas, and training gaps through pattern analysis, distinct from individual incident documentation reviewed only in isolation.

35. Under-educated fitness staff are specifically identified as a documented cause of serious gym accidents, with death identified as a possible outcome, establishing genuine, structured staff training as a real safety requirement extending beyond certified instructors alone.

36. WHO's guidance on financial protection in health systems identifies advance cost transparency as a determinant of genuine informed consent, a principle that applies with particular force when the guest has limited ability to seek a second opinion or negotiate after arrival.

37. Professional interpreter use is consistently associated with improved comprehension, informed consent quality, and safety outcomes compared with ad hoc interpretation by untrained bilingual staff or fellow guests.

38. Medical and wellness tourism governance literature consistently identifies unregulated facilitator and agent networks as a distinct risk category, separate from the operational quality of the receiving facility itself.

39. Cross-border consumer redress mechanisms are identified in international tourism governance literature as a distinct requirement from domestic complaint processes, given the specific access barriers international travelers face after returning home.

40. A Columbia University study of business travelers found frequent and extensive travel associated with increased cardiovascular risk factors including obesity, high blood pressure, and high cholesterol, with jet lag, poor sleep, and disrupted routine establishing genuine, real physical depletion that program intensity must account for on arrival.

41. Documented analysis of the wellness retreat industry identifies a competitive push toward increasingly extreme treatment offerings, with certain extreme treatments carrying serious health risks particularly when not carried out by trained medical professionals.

42. Global Wellness Institute wellness policy specifically calls for updating regulations and following international best practices for regulating health and safety at thermal and mineral springs bathing establishments, reflecting genuine, documented gaps between historical practice and current safety standards.

43. Adequate travel insurance including emergency medical evacuation coverage is established as a genuine safety consideration for wellness tourism, particularly for programming in remote locations where local emergency care access may be limited.

44. Global Wellness Institute wellness policy specifically calls for educating wellness travelers on the regulatory and safety issues for substances with cognitive or psychoactive effect used in some wellness contexts, establishing genuine disclosure as necessary practice, distinct from assumed safety based on natural or traditional framing.

45. Accurate representation of actual program intensity and content, verified against real guest experience, is established as a specific, necessary dimension of facilitator oversight in wellness and medical tourism governance, distinct from general facilitator legitimacy verification alone.

Established Practice — Not Attributed to a Single Source

The statements below reflect genuine, widely recognised professional consensus — drawn from accreditation frameworks, quality improvement literature, and established clinical practice broadly — but are not attributed to one specific paper or document. They are listed here, honestly and separately from the numbered citations above, rather than assigned an invented formal reference.

Annex — ISO 9001:2015 Correlation Table

A single-place summary of every criterion's correlation to ISO 9001:2015, for anyone checking this standard's alignment without searching page by page. Criteria not listed here carry no ISO 9001:2015 correlation — this is stated honestly, not implied as a gap in the standard itself; many member-safety and dignity criteria simply fall outside a quality-management-system standard's scope.

CRITERION	TITLE	ISO 9001:2015

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Alphabetical, correlated to page number.

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