

CERTIFICATION FOR THE REPLACEMENT OF MAIN DRAIN COVERS IN POOL/SPA

Guidance in ensuring compliance with The Virginia Graeme Baker Pool and Spa Safety Act (VGBPSSA).

NAME OF LOCAL HEALTH DEPARTMENT			Date													
Address			Phone Number													
Name of Inspector		Permit Number		County												
FACILITY INFORMATION																
Facility Name			Facility's Fax Number													
Facility Street Address		Municipality		Zip Code												
Contact Person		Contact's Phone Number		Contact's Email												
Name of Owner or Responsible Party			Owner's Email or Fax Number													
POOL/SPA INSPECTION DETAILS																
Select applicable: <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Spa		Year Built		Hours of operation _____ AM to _____ PM Weekdays: _____ Weekends: _____												
Location of Structure <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		Is it a water park? <input type="checkbox"/> Yes <input type="checkbox"/> No		Select the correct Number of Drain Covers Replaced: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5												
Description of Pool/Spa <input type="checkbox"/> Swimming Pool / Deepest End: _____ Feet <input type="checkbox"/> Spray Pool <input type="checkbox"/> Slide Catch Pool <input type="checkbox"/> Wading Pool / Depth: _____ <input type="checkbox"/> Spa/Hot Tub / Depth: _____																
Documents (final receipts, work order) used as proof: <i>(Select and obtain all necessary information below.)</i>		<input type="checkbox"/> Copy of Receipt <input type="checkbox"/> Copy of Work Order		Date of Installation												
Name of Company		Address														
Name of Person Who Performed the Work		Telephone Number		Fax Number												
Shape of the New Drain Covers <input type="checkbox"/> Square <input type="checkbox"/> Octagon <input type="checkbox"/> Round <input type="checkbox"/> Other Shape:			Dimensions of New Drain Covers _____ Inches													
Make and Model Number of Cover(s): <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Cover</th> <th>Make</th> <th>Model No.</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </tbody> </table>			Cover	Make	Model No.	1			2			3			Are the covers VGB compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "No", please explain)</i>	
Cover	Make	Model No.														
1																
2																
3																
			Was there a secondary back-up system installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," describe type)</i>													
DETAILS ABOUT THE NEW DRAIN COVER(S)																
Cover Expiration Date	Cover Flow Rate _____ (gal./min.)	Pump Flow Rate _____ (gal./min.)	Sump Size/Type													
Type of Main Drain <input type="checkbox"/> Dual <input type="checkbox"/> Single	Does it have equalizer outlets? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many equalizer outlets?	Was existing system altered? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Result of Inspection: <i>(For local health authority use only)</i> <input type="checkbox"/> Approved/Certified <input type="checkbox"/> Conditional 																
OWNER'S ACKNOWLEDGEMENT																
I, _____, have replaced the drain grate/cover in the pool/spa listed in this form. I have properly installed the new drain cover(s) described and identified above to comply with ASME/ANSI A112.19.8-2007; according to the VGBPSSA. I verify that the statements made in this form are true and accurate. I understand that all the information provided, if falsified can be used against me, in court, by the authorities.																
Signature of Owner			Signature of Witness													