

AQUATIC FACILITY REVIEW FORM FOR COMPLIANCE WITH THE VIRGINIA GRAEME BAKER POOL AND SPA SAFETY ACT

Maryland Department of Health and Mental Hygiene (DHMH)
 Division of Community Services
 6 St. Paul Street, Suite 1301, Baltimore, Maryland 21202-1608
 Phone 410-767-8417 Fax 410-333-8926
 Toll Free 1-877-4MD-DHMH ext. 8417

Complete one form for each pump. For example, circulation system, hydrojet, or water feature pump.

Name of Pool/Spa: _____ County: _____

Pool/Spa Address: _____

Pool/Spa Owner: _____ Owner's Phone: _____

Owner Address: _____

Owner E-Mail: _____

Pool/Spa Professional Name & Company: _____

Address: _____

E-Mail: _____ Phone: _____

Type of Facility Pool Spa Wading Pool Therapy Pool Water Recreation Attraction
 Other _____
 Indoor Facility Outdoor Facility Volume of Pool/Spa (gallons) _____

Type of Suction Outlet and Maximum Flow Rate (check one)

Pump Make and Model Number: _____

Main Drain(s), Maximum flow rate the system can attain with clean filter and **all valves open** (gpm) _____
 and Maximum flow rate with surface skimmer/gutter line valve(s) **closed** (gpm) _____

OR Specify estimated maximum flow rate for this system based on hydraulic calculations and pump curve (gpm) _____

Hydrojets, Maximum Flow Rate (gpm) _____

Spray Feature, describe _____, Maximum Flow Rate (gpm) _____

Slide, describe _____, Maximum Flow Rate (gpm) _____

Water Feature, describe _____, Maximum Flow Rate (gpm) _____

Location of Suction Outlets (check one) Wall Floor Separate Planes

Anti-entrapment device or system that complies with Virginia Graeme Baker Pool & Spa Safety Act & COMAR 10.17.01 (check one)

- Dual drains spaced a minimum of 3 feet from edge to edge.
- Dual drains located on separate planes.
- Single main drain with Safety Vacuum Release System that complies with ASME/ANSI A112.19.17 or ASTM-F2387, provide documentation from manufacturer.
- SVRS Make & Model _____
- Gravity drainage system Dual Drain _____ Single Drain _____
- Unblockable drain, minimum 18" x 23" size. Dual Drain _____ Single Drain _____
- PERMANENT** drain disablement with **VARIANCE approved by DHMH** Dual Drain _____ Single Drain _____

New Suction Outlet Cover(s) Provide documentation that cover complies with ASME/ANSI A112.19.8-2007. For custom or large grating, attach verification of field testing by a Registered Design Professional in accordance with ASME/ANSI A112.19.8-2007.

Make & Model _____

Flow Rate: (gpm) _____ Wall Floor Separate Planes Size of Cover _____

Sump/Pot New Installation or Existing Sump/Pot

Manufactured (check one)

Make & Model _____

Unknown make and model

Specify Dimensions: _____

OR Field fabricated, specify dimensions _____

Meets the manufacturer's installation instruction for the cover specified above: Yes No

Clearance between the cover and the suction outlet pipe (inches) _____

Interior diameter of suction outlet pipe (inches) _____

Maximum anticipated flow rate through the grate (gpm) _____

New Equalizer Line Covers: Provide documentation that the cover complies with ASME/ANSI A112.19.8-2007.

Make & Model _____

Flow Rate: (gpm) _____ Wall Floor Size of Cover _____

Or

Temporary Disablement of Equalizer Lines (all items required):

Facility will comply fully by installing approved covers by June 1, 2010;

All equalizer lines are disabled by plugging the equalizer suction line inside the skimmer pot; and

All equalizer lines are provided with a cover that is in good condition and cannot be removed without the use of tools.

The above work was/will be completed by: December 19, 2008 or the 2009 opening date

Or

The facility is requesting approval of a Compliance Schedule that includes interim safety measures and a **completed Compliance Schedule Application is attached.**

Form must be signed by the facility owner and a Pool Professional.

I hereby certify that the above-referenced swimming pool or spa complies with the Virginia Graeme Baker Pool and Spa Safety Act and the above information is correct.

Owner's Signature _____ Print Name _____

Title _____ Date _____

Pool Professional Signature _____ Print Name _____

Title _____ Date _____

For DHMH Use Only:

Review Form #: _____ VGB _____

The above **repair** is approved, contact your local Environmental Health Department for inspection.

The above **alteration** plan is approved for construction, contact _____ at _____ to schedule your final construction inspection.

Sanitarian Signature _____ Date _____