

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

Baltimore City Health Department
 Division of Environmental Health
 1001 E. Fayette St., Baltimore, Maryland 21202
 Phone 410-396-4430 Fax 410-396-5986



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 _____
- | | | |
|---|------------------|--------------------|
| <input type="checkbox"/> Gravity drainage system | Dual Drain _____ | Single Drain _____ |
| <input type="checkbox"/> Unblockable drain, minimum 18" x 23" size. | Dual Drain _____ | Single Drain _____ |
| <input type="checkbox"/> 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 _____