

# 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													
<b>FACILITY INFORMATION</b>															
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													
<b>POOL/SPA INSPECTION DETAILS</b>															
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):		Are the covers VGB compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "No", please explain)</i>													
<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			Was there a secondary back-up system installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," describe type)</i>	
Cover	Make	Model No.													
1															
2															
3															
<b>DETAILS ABOUT THE NEW DRAIN COVER(S)</b>															
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												
<b>Result of Inspection:</b> <i>(For local health authority use only)</i>		<input type="checkbox"/> Approved/Certified	<input type="checkbox"/> Conditional												
<b>OWNER'S ACKNOWLEDGEMENT</b>															
<p><i>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.</i></p>															
Signature of Owner		Signature of Witness													