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: ☐ Swimming Pool ☐ Spa	Year Built	Hours of operation _____ AM to _____ PM Weekdays: _____ Weekends: _____
Location of Structure ☐ Indoor ☐ Outdoor	Is it a water park? ☐ Yes ☐ No	Select the correct Number of Drain Covers Replaced: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Description of Pool/Spa
☐ Swimming Pool / Deepest End: _____ Feet ☐ Spray Pool ☐ Slide Catch Pool
☐ Wading Pool / Depth: _____ ☐ Spa/Hot Tub / Depth: _____

Documents (final receipts, work order) used as proof: *(Select and obtain all necessary information below.)*	☐ Copy of Receipt ☐ 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
☐ Square ☐ Octagon ☐ Round ☐ Other Shape:

Dimensions of New Drain Covers
_____ Inches

Make and Model Number of Cover(s):

Cover	Make	Model No.
1		
2		
3		

Are the covers VGB compliant?
☐ Yes ☐ No *(If "No", please explain)*

Was there a secondary back-up system installed?
☐ Yes ☐ No *(If "Yes," describe type)*

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 ☐ Dual ☐ Single	Does it have equalizer outlets? ☐ Yes ☐ No	How many equalizer outlets?	Was existing system altered? ☐ Yes ☐ No

Result of Inspection:
(For local health authority use only)
☐ **Approved/Certified** ☐ **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