

Virginia Graeme Baker Pool and Spa Safety Act (VGBA) Drain Cover Compliance Verification

Cover Sheet for Cover Replacement Form

This cover sheet is intended for each water recreation facility, which can contain multiple pools. If you have a pool with a single pump please use the Single Pool Cover Replacement Form (see page 3). If your pool has multiple pumps, and for all additional pools, please use the **Additional Pool Drain Cover Replacement Form**. To aid pool owners, designers, and builders in compliance with ANSI/APSP/ICC-16 2017, see supplemental guidance for instructions. **VGBA Drain Cover Compliance Verification Form Instructions**.

1. Facility see instructions section 1

Facility Information

Name:			County:	
Address:				
City:	State:	Washington	Zip Code:	
Owner Contact:				
Phone:		Email:		
Facility Contact:				
Phone:		Email:		
Number of Each Type of Poo	ol at This Fa	cility		
Swimming Pool	Spa/Hot Tub		Wading Pool	
Spray Pool	Other (Type &	#)		

Maintain Records to Verify Compliance

Attach all written supporting information you have used to identify the correct covers for your facility, including product literature and recirculation system flow calculations. When appropriate, attach product information for any additional entrapment prevention equipment installed. Keep this *Compliance Verification Form*, with the supporting materials, nearby for when your facility is inspected.

Statement of Compliance with the Virginia Graeme Baker Pool and Spa Safety Act

The suction drain covers, including equalizer line covers where they have been replaced, have been replaced with covers that comply with ANSI/APSP/ICC-16 2017. These new covers have been selected in full compliance with the ANSI/APSP/ICC-16 2017 ratings to: 1) match the recirculation system flows and suction piping system

and, 2) securely fit existing outlet drain sumps. Where a complete outlet fixture (cover, mounting frame, and sump) has been installed, it has been selected to match the recirculation system flows and the suction piping system.

All new covers and complete outlet fixtures have been installed according to the cover manufacturer's instructions, using the fasteners provided or intended for attachment. Field fabricated sumps and covers have been engineered and certified in full compliance with the ANSI/APSP/ICC-16 2017 standard, and have been installed according to specifications established by the design engineer.

If required at this facility to comply with the federal law, additional entrapment prevention equipment meeting federal law and Washington State requirements has been installed.

Pool Owner's	
Signature	Print Name
Title	Date
Title	
Professional Services	Depending on professional services used, provide signatures to verify work performed.)
Pool Professional's	
Signature	Print Name
•	
Title	Date

Single Pool Drain Cover Replacement Form Complete this form for a single pool with one recirculation pump, or use the Additional Pool Drain Cover Replacement Form.

2. Main Drain & Suction Outlet Fitting Assembly (SOFA) see instructions

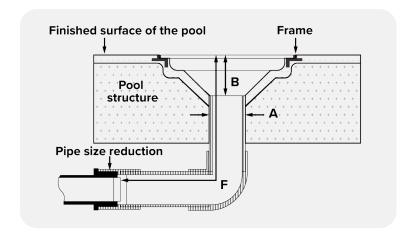
section 2					
Pool Information see instruction	ons section 2.1				
Pool Type Choose the type of Pool: Swimming, Spa/Hot Tub, Wading, Spray, Other					
Pool Name or Identifier					
Main Drain Scope of Work	Information				
Replaced: Only the cover(s)	*Entire suction outlet(s)	With:	Manufactured	Field Built	
* If requirements are not met, and in permit review to make changes to the construction-permit for more inform	ne suction outlet. Visit <u>ht</u>				
Main Drain Type Choose the or	ne that applies: Single Drain	or Multiple	Main Drains		
Additional Entrapment Pre	vention Equipmen	t see instru	ctions section 2.2 &	2.3	
If a facility has a single main drain (or prevention equipment is required. Voto comply with the Virginia Graeme	Vas additional entrapme	nt preve <u>nti</u>	on equ <u>ip</u> ment requ	•	
If Yes, identify the equipment installed: Drain System, Drain disablement, Unblo	·		Suction Limiting Ve	nt System, Gravity	
Pump and Drain Information	On see instructions section	n 2.4 & 2.5			
# of pumps					
If this pool has more than 1 pump p	lease STOP $\stackrel{\clubsuit}{ullet}$ and use A	dditional F	ool Drain Cover R	eplacement Form.	
If this pool has one recirculation pur	mp please continue with t	this form b	elow.		

Pump 1

Pump Make	
Pump Model	
HP	
Max flow (clean filter)	
Min flow (dirty filter)	
TDH (clean filter)	
# Wall Drains	
# Floor Drains	
Distance between drain cover centers	
Are the drains connected in series?*	

* If you stated YES, additional testing or evaluation by a design professional may be needed.

Sump Information see instructions section 2.6; use the figure below when filling out the next section



Pipe Dimension Key

- A. Pipe diameter
- B. Minimum pipe depth
- F. Minimum length before reduction

	Sump 1	Sump 2
Pipe diameter (A)		
Pipe Orientation	Bottom Side	Bottom Side
Manufactured:		
Make/Model		

Field Built: Complete B & F	5	Sump 1			Sump 2	
Minimum pipe depth (B)						
Minimum length before reduction (F) if applicable						
Cover Replacem	ent Inform	ation see instr	uctions se	ection 2.7		
		Cover 1			Cover 2	2
Cover Manufacturer						
Cover Model						
Open Area						
Flow Rating						
Blockable or Unblockable						
Cover Install Date						
Cover Replace by Date						
Frame Make(s)						
Frame Model(s)						
Frame Install Date						
Frame Replace by Date						
3. Equalizer Li	nes see instruct	ions section 3				
Does this pool have equ	alizer lines?					
☐Yes – Fill out the sec	tion below.	□No – Skip				
	Cover 1	Cover 2	Cov	er 3	Cover 4	Cover 5
Pipe diameter (A)						
Cover Manufacturer						
Cover Model						

Field Built: Complete B & F	Cover 1	Cover 2	Cover 3	Cover 4	Cover 5
Minimum pipe depth (B)					
Minimum length before reduction (F) if applicable					
Cover Install Date					
Cover Replace by Date					
Frame Make(s)					
Frame Model(s)					
Frame Install Date					
Frame Replace by Date					

Photos/Sketch:				

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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