

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 Pool at This Facility

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** _____

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 instructions 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 installation is not in compliance, you must go through a construction permit review to make changes to the suction outlet. Visit <https://doh.wa.gov/water-recreation-facility-construction-permit> for more information.

Main Drain Type Choose the one that applies: Single Drain or Multiple Main Drains


Additional Entrapment Prevention Equipment see instructions section 2.2 & 2.3

If a facility has a single main drain (or multiple drains closer than 3 feet apart), additional entrapment prevention equipment is required. Was additional entrapment prevention equipment required at this facility to comply with the Virginia Graeme Baker Pool and Spa Safety Act? Yes No

If Yes, identify the equipment installed: Safety Vacuum Release System (SVRS), Suction Limiting Vent System, Gravity Drain System, Drain disablement, Unblockable with emergency shut-off

Pump and Drain Information see instructions section 2.4 & 2.5

of pumps

If this pool has more than 1 pump please STOP  and use **Additional Pool Drain Cover Replacement Form**.

If this pool has one recirculation pump please continue with this form below.

Pump 1

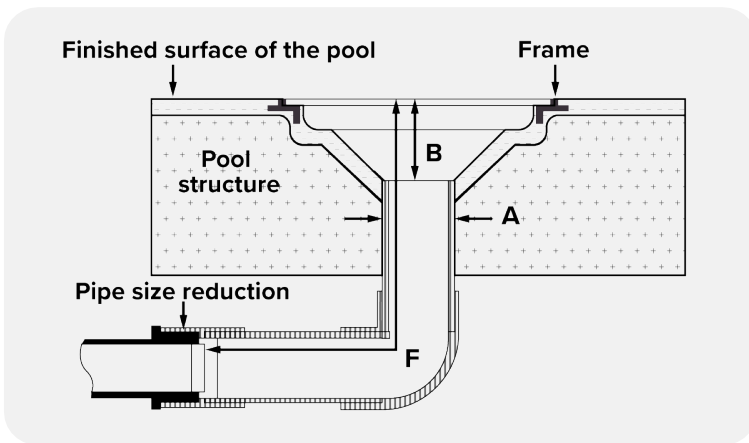
Pump Make	
Pump Model	
HP	
Max flow (clean filter)	
Min flow (dirty filter)	
TDH (clean filter)	
# Wall Drains	
# Floor Drains	

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 <input type="checkbox"/> Side <input type="checkbox"/>	Bottom <input type="checkbox"/> Side <input type="checkbox"/>
Manufactured:		
Make/Model		

Sump 1

Sump 2

Minimum pipe depth (B)		
Minimum length before reduction (F) if applicable		

Cover Replacement Information [see instructions section 2.7](#)

Cover 1

Cover 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 Lines [see instructions section 3](#)

Does this pool have equalizer lines?

- Yes – Fill out the section below. No – Skip

Cover 1

Cover 2

Cover 3

Cover 4

Cover 5

Pipe diameter (A)					
Cover Manufacturer					
Cover Model					

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)

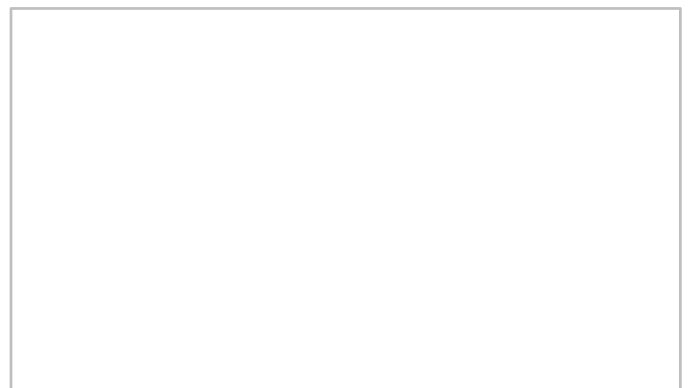
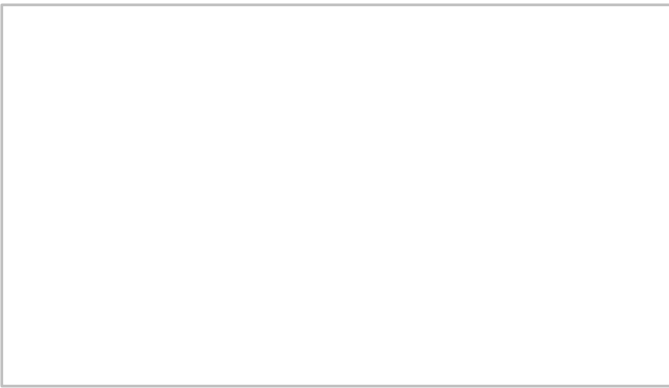
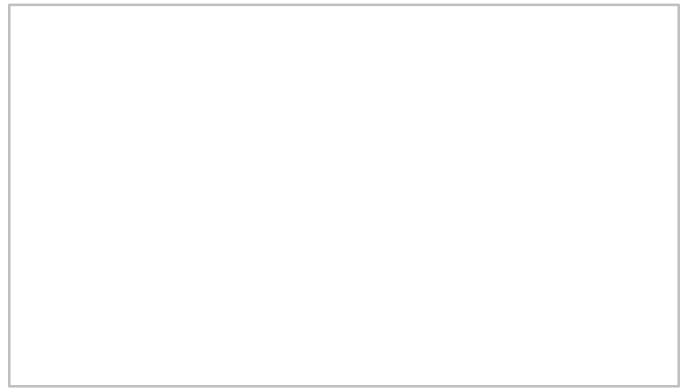
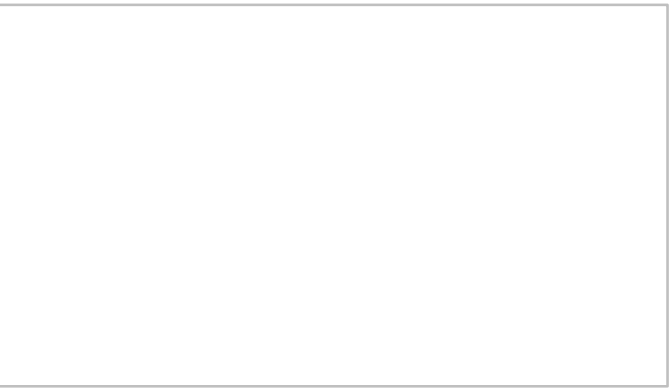
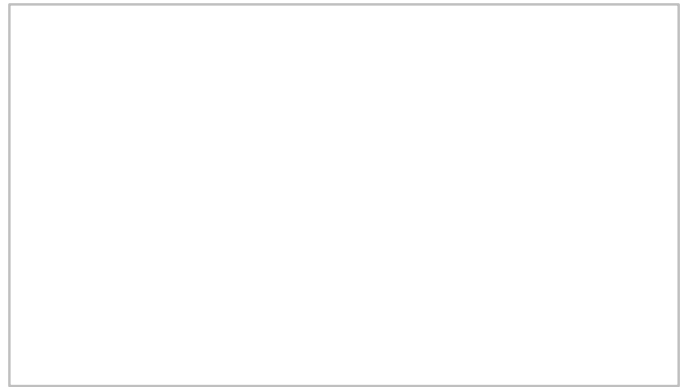
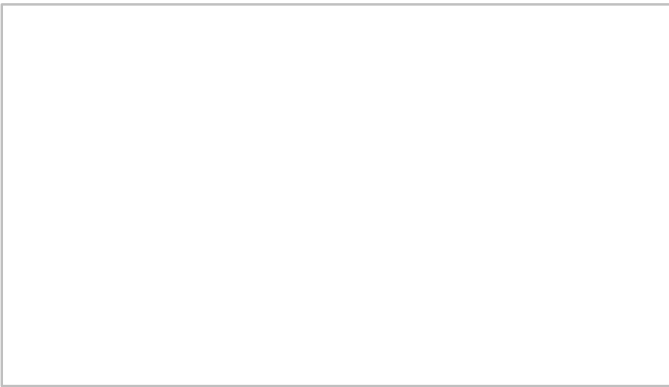
Frame Model(s)

Frame Install Date

Frame Replace by Date

	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:



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