Washington State Department of HEALTH

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

Additional Pool Drain Cover Replacement Form

Complete form for **EACH** additional pool **or** a pool with more than one recirculation pump.

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

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

	Pump 1	Pump 2 (if applicable)
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?* _____

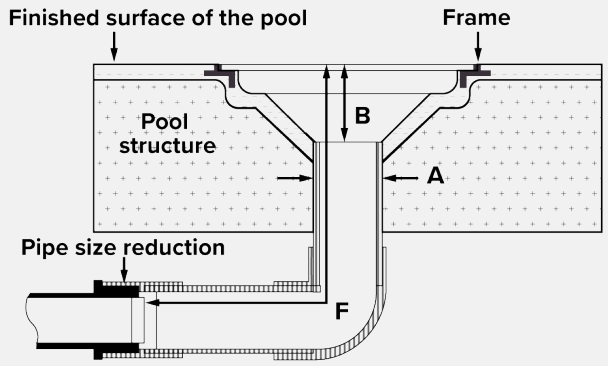
* If you stated YES, additional testing or evaluation by a design professional may be needed.

Does pump 2 share suction outlet with pump 1?

☐ **Yes** ☐ **No** ☐ **NA**

If **Yes,** have pool professional fill out the rest of this form. If **No**, you must fill in Sump 3/4 under Sump Information.

Sump Information see instructions section 2.5; 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	Sump 3 (if applicable, e.g., multiple pumps)	Sump 4 (if applicable, e.g., multiple pumps)
Pipe diameter (A)				
Pipe Orientation	Bottom ☐ Side ☐	Bottom ☐ Side ☐	Bottom ☐ Side ☐	Bottom ☐ Side ☐
Manufactured:				
Make/Model				

Field Built: Complete B & F	Sump 1	Sump 2	Sump 3 (if applicable, e.g., multiple pumps)	Sump 4 (if applicable, e.g., multiple pumps)
Minimum pipe depth (B)				
Minimum length before reduction (F) if applicable				

Cover Replacement Information see instructions section 2.7

	Cover 1	Cover 2	Cover 3 (if applicable)	Cover 4 (if applicable)
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 and move to next section.

	Cover 1	Cover 2	Cover 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:

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