

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).

Monmouth County Health Department			Date														
50 E Main St Freehold NJ 07728			(732) 431-7456														
Name of Inspector		Permit Number		County of Monmouth													
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: <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: (Select and obtain all necessary information below.)			<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): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 10%;">Cover</th> <th style="width: 40%;">Make</th> <th style="width: 50%;">Model No.</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> </tr> </tbody> </table>			Cover	Make	Model No.	1			2			3			Are the covers VGB compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", please explain)		
Cover	Make	Model No.															
1																	
2																	
3																	
			Was there a secondary back-up system installed? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <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													
Result of Inspection: (For local health authority use only) <input type="checkbox"/> Approved/Certified <input type="checkbox"/> 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														