



**U.S. Consumer Product Safety Commission  
Virginia Graeme Baker Pool and Spa Safety Act  
Verification of Compliance Form**

**COMPLETE A FORM FOR EACH PUMP AT A FACILITY**

**PART I – Pool Management Information**

OMB Control Number: 3041-0142

Investigator Name		Date of Inspection	
Facility Name		Pool License/Permit Number	
Address		Phone Number ( )	
City	State	Zip Code	
Contact Name		Title	
Contact Address			
City		State	Zip Code
Email Address		Fax #	

**PART II – POOL/SPA Information**

Pool Location	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>	Water Park <input type="checkbox"/>	Other <input type="checkbox"/>
Pool Type	Swimming Pool <input type="checkbox"/>	Wading Pool <input type="checkbox"/>	Spa <input type="checkbox"/> Hot tub <input type="checkbox"/>	Other <input type="checkbox"/>
Water Features (if any)	Spray <input type="checkbox"/>	Slide <input type="checkbox"/>	Hydro-jet <input type="checkbox"/>	Other <input type="checkbox"/>
Volume of Pool (Gallons)	Mfr, Make, Model Number, Horse Power of Pump			

**Part III – Drain Covers**

Total Number of Drain Covers in Pool/Spa <input type="checkbox"/>		Total Number of Drain Covers Installed for VGBA Compliance <input type="checkbox"/>				
Name of Manufacturer of Drain Covers _____		Drain Cover Expiration Date (s) _____				
Drain Cover	Drain Cover Dimensions & Shape (Round, Rectangular, Square, etc.)	Drain Cover & Frame Make and Model Number	Date Installed & Location (Wall or Floor)	Cover Flow Rate per Manufacturer Specifications (gallons per minute)	Pump Flow Rate (gallons per minute)	Cover Conforms to ASME/ANSI A112.19.8-2007 or newer standard (Indicate Yes/No)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

10.						
<b>Note: Attach documentation that the drain covers comply with ASME A112.19.8 or successor performance standard ANSI/APSP-16 (effective Sept. 6, 2011). (i.e. Professional Engineer inspection report)</b>						

**Part IV Anti-Entrapment Device/System**

1. **Single Main Drain**    Yes     No   
 Is this an unblockable drain that is larger than 18 x 23?    Yes     No     (If no, go to next section)

2. **Multi-Drain System**    Yes     No   
 Is the multi-drain system at least three (3) feet from pipe center to pipe center?    Yes     No   
 (See Attachment I, page 4)    (If no, go to next section)

**Select Secondary Backup System that is installed**

- Compliant Safety Vacuum Release System (SVRS) (Compliant with ASME/ANSI A112.19.17 or ASTM-F2387)**  
 SVRS Mfr. Name and Model \_\_\_\_\_
- Suction- Limiting Vent System**  
 Mfr. Name and Model Number \_\_\_\_\_
- Gravity Drainage System** \_\_\_\_\_
- Automatic Pump Shutoff System** \_\_\_\_\_  
 Mfr. Name and Model Number \_\_\_\_\_
- Drain Disablement**  
 Describe how this was accomplished? \_\_\_\_\_
- Other** \_\_\_\_\_

**Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part V Sump – Equalizer Lines**

**Sump Size**  
 Width \_\_\_\_\_    Depth \_\_\_\_\_    Length \_\_\_\_\_

Is Sump existing or new \_\_\_\_\_    Is it field fabricated or manufactured \_\_\_\_\_  
 Describe how it is fabricated? \_\_\_\_\_  
 (If field fabricated, attach copy of certification from Professional Engineer)

Manufacturer Name and Model Number \_\_\_\_\_    Installation Date \_\_\_\_\_

Clearance between the bottom of the cover and the opening of the suction pipe is \_\_\_\_\_ (inches)

**Equalizer Lines:**  
 Are equalizer lines disabled? (Yes/No) (If so, describe how) \_\_\_\_\_

Do equalizer lines have covers that cannot be removed? (Yes/No)

Describe how this was accomplished \_\_\_\_\_

Provide manufacturer name AND model number for each equalizer cover \_\_\_\_\_

Installation Date \_\_\_\_\_

**Part VI Comments**

If pool is not in full compliance , provide a description of actions or steps needed to bring pool or spa into compliance with the Virginia Graeme Baker Pool and Spa Safety Act or attach timeline provided by the pool manager or documentation that drain covers have been ordered.

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
CPSC Investigator - Print Name

\_\_\_\_\_  
Signature

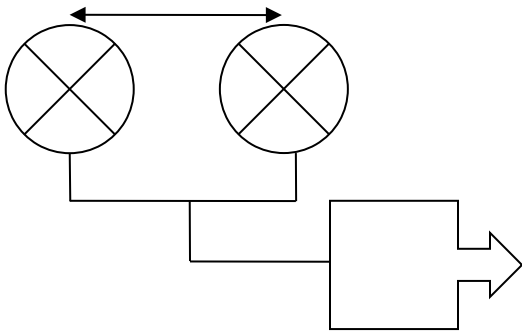
\_\_\_\_\_  
Date

CPSC Form 120 (07/10)

**Note: This form must be completed by CPSC staff or the designated State or local government official.**

**CORRECT**

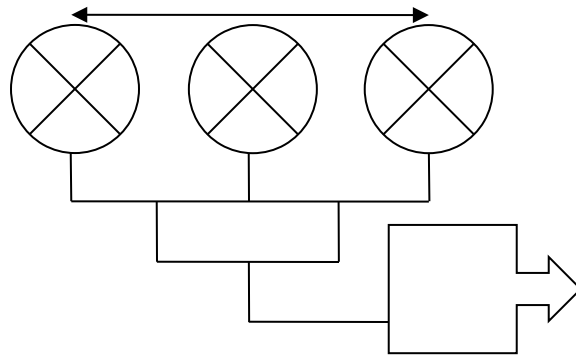
3 FEET APART OR MORE



Dual Drain Outlets

**CORRECT**

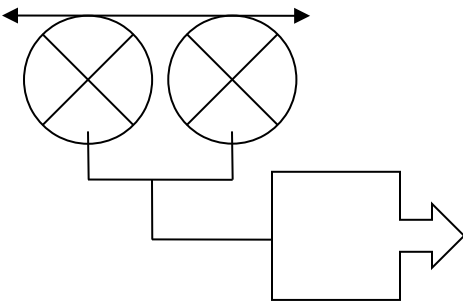
3 FEET APART OUTMOST OUTLETS



Multiple Drain Outlets

**Incorrect**

LESS THAN 3 FEET APART



**Incorrect**

LESS THAN 3 FEET APART FROM OUTMOST OUTLET

