**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**

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| **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 #** |  |
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**PART II – POOL/SPA Information**

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| **Pool Location** | **Indoor** | **Outdoor** | **Water Park** | **Other**  |
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|  **Pool Type** | **Swimming****Pool** | **Wading****Pool**  | **Spa****Hot tub** |  **Other****\_\_\_\_\_\_\_\_** |
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| **Water Features (if any)** | **Spray** | **Slide** | **Hydro-jet** | **Other****\_\_\_\_\_\_\_\_** |
| **Volume of Pool (Gallons)** | **Mfr, Make, Model Number, Horse Power of Pump** |
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**Part III – Drain Covers**

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| **Total Number of Drain Covers in Pool/Spa Total Number of Drain Covers Installed for VGBA Compliance**  |
| **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)** |
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| **Note: Attach documentation that the drain covers comply with ASME A112.19.8 or successor performance standard ANSI/APSP/ICC-16 (effective May 24, 2021). (i.e. Professional Engineer inspection report)**  |

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

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|  **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**  **If on the same plane, is the multi-drain system at least three (3) feet from pipe center to**  **pipe center? Yes No**  **Or** **Is the multi-drain system on different planes (i.e., do they face in different directions,**  **For example: (a) one on the bottom (floor) and the others each on separate walls, or**  **(b) each on separate walls, or (c) each on the same curved wall? Yes No**  **(See Attachment I, page 4) (If no, go to next section)** |
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| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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**Part V Sump – Equalizer Lines**

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| **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)**  |
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| **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.**

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| **Comments** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****CPSC Investigator - Print Name Signature Date****CPSC Form 120 (10/21)** |

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

 **CORRECT CORRECT**

 3 FEET APART OR MORE 3 FEET APART OUTMOST OUTLETS

 Dual Drain Outlets Multiple Drain Outlets

 **Incorrect Incorrect**

 LESS THAN 3 FEET APART LESS THAN 3 FEET APART FROM OUTMOST OUTLET

**Dual Outlets on Different Planes**

 (Elevation or Plan View)