

# AQUATIC FACILITY REVIEW FORM FOR COMPLIANCE WITH THE VIRGINIA GRAEME BAKER POOL AND SPA SAFETY ACT

Maryland Department of Health and Mental Hygiene (DHMH)  
Division of Community Services  
6 St. Paul Street, Suite 1301, Baltimore, Maryland 21202-1608  
Phone 410-767-8417 Fax 410-333-8926  
Toll Free 1-877-4MD-DHMH ext. 8417

Complete one form for each pump. For example, circulation system, hydrojet, or water feature pump.

Name of Pool/Spa: \_\_\_\_\_ County: \_\_\_\_\_

Pool/Spa Address: \_\_\_\_\_

Pool/Spa Owner: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner E-Mail: \_\_\_\_\_

Pool/Spa Professional Name & Company: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Type of Facility**       Pool     Spa     Wading Pool     Therapy Pool     Water Recreation Attraction  
 Other \_\_\_\_\_  
 Indoor Facility       Outdoor Facility      Volume of Pool/Spa (gallons) \_\_\_\_\_

## Type of Suction Outlet and Maximum Flow Rate (check one)

Pump Make and Model Number: \_\_\_\_\_

Main Drain(s),  Maximum flow rate the system can attain with clean filter and **all valves open** (gpm) \_\_\_\_\_  
and Maximum flow rate with surface skimmer/gutter line valve(s) **closed** (gpm) \_\_\_\_\_

OR  Specify estimated maximum flow rate for this system based on hydraulic calculations and pump curve  
(gpm) \_\_\_\_\_

Hydrojets, Maximum Flow Rate (gpm) \_\_\_\_\_

Spray Feature, describe \_\_\_\_\_, Maximum Flow Rate (gpm) \_\_\_\_\_

Slide, describe \_\_\_\_\_, Maximum Flow Rate (gpm) \_\_\_\_\_

Water Feature, describe \_\_\_\_\_, Maximum Flow Rate (gpm) \_\_\_\_\_

Location of Suction Outlets (check one)       Wall  Floor       Separate Planes

## Anti-entrapment device or system that complies with Virginia Graeme Baker Pool & Spa Safety Act & COMAR 10.17.01 (check one)

Dual drains spaced a minimum of 3 feet from edge to edge.

Dual drains located on separate planes.

Single main drain with Safety Vacuum Release System that complies with ASME/ANSI A112.19.17 or ASTM-F2387,  
provide documentation from manufacturer.

SVRS Make & Model \_\_\_\_\_

Gravity drainage system      Dual Drain \_\_\_\_\_      Single Drain \_\_\_\_\_

Unblockable drain, minimum 18" x 23" size.      Dual Drain \_\_\_\_\_      Single Drain \_\_\_\_\_

**PERMANENT** drain disablement with **VARIANCE approved by DHMH**      Dual Drain \_\_\_\_\_      Single Drain \_\_\_\_\_

**New Suction Outlet Cover(s)** Provide documentation that cover complies with ASME/ANSI A112.19.8-2007. For custom or large grating, attach verification of field testing by a Registered Design Professional in accordance with ASME/ANSI A112.19.8-2007.

Make & Model \_\_\_\_\_

Flow Rate: (gpm) \_\_\_\_\_  Wall  Floor  Separate Planes Size of Cover \_\_\_\_\_

**Sump/Pot**  New Installation or  Existing Sump/Pot

Manufactured (check one)

Make & Model \_\_\_\_\_

Unknown make and model

Specify Dimensions: \_\_\_\_\_

OR  Field fabricated, specify dimensions \_\_\_\_\_

Meets the manufacturer's installation instruction for the cover specified above:  Yes  No

Clearance between the cover and the suction outlet pipe (inches) \_\_\_\_\_

Interior diameter of suction outlet pipe (inches) \_\_\_\_\_

Maximum anticipated flow rate through the grate (gpm) \_\_\_\_\_

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**New Equalizer Line Covers:** Provide documentation that the cover complies with ASME/ANSI A112.19.8-2007.

Make & Model \_\_\_\_\_

Flow Rate: (gpm) \_\_\_\_\_  Wall  Floor Size of Cover \_\_\_\_\_

Or

**Temporary Disablement of Equalizer Lines (all items required):**

Facility will comply fully by installing approved covers by June 1, 2010;

All equalizer lines are disabled by plugging the equalizer suction line inside the skimmer pot; and

All equalizer lines are provided with a cover that is in good condition and cannot be removed without the use of tools.

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The above work was/will be completed by:  December 19, 2008 or  the 2009 opening date

Or

The facility is requesting approval of a Compliance Schedule that includes interim safety measures and a **completed Compliance Schedule Application is attached.**

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**Form must be signed by the facility owner and a Pool Professional.**

I hereby certify that the above-referenced swimming pool or spa complies with the Virginia Graeme Baker Pool and Spa Safety Act and the above information is correct.

Owner's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Pool Professional Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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For DHMH Use Only:

Review Form #: \_\_\_\_\_ VGB \_\_\_\_\_

The above **repair** is approved, contact your local Environmental Health Department for inspection.

The above **alteration** plan is approved for construction, contact \_\_\_\_\_ at \_\_\_\_\_ to schedule your final construction inspection.

Sanitarian Signature \_\_\_\_\_ Date \_\_\_\_\_