



**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

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 ☐	Outdoor ☐	Water Park ☐	Other ☐
Pool Type	Swimming Pool ☐	Wading Pool ☐	Spa ☐ Hot tub ☐	Other ☐
Water Features (if any)	Spray ☐	Slide ☐	Hydro-jet ☐	Other ☐
Volume of Pool (Gallons)	Mfgr, Make, Model Number, Horse Power of Pump			

Part III – Drain Covers

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)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Note: Attach documentation that the drain covers comply with ASME/ANSI A112.19.8 performance standard. (i.e. Professional Engineer inspection report)						

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 ☐ ☐
(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.

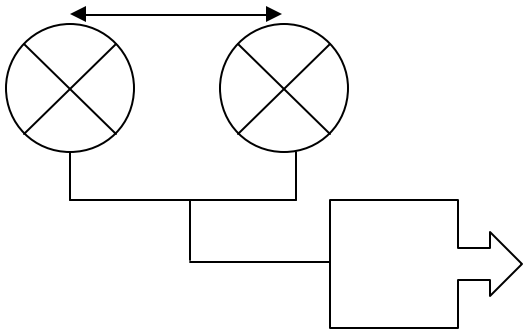
Comments		
CPSC Investigator - Print Name	Signature	Date

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

The Consumer Product Safety Commission has requested approval from the Office of Management and Budget for the collection of information associated with this form. In the absence of such an approval, you are not required to provide the information requested to complete this form.

CORRECT

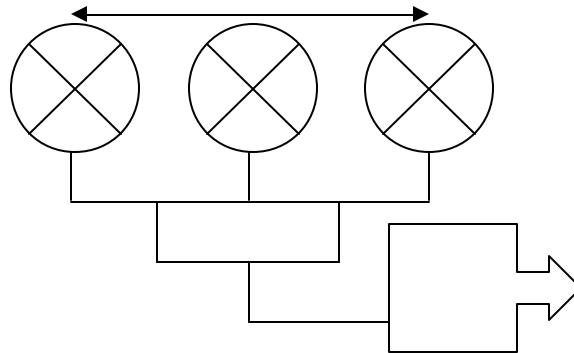
3 FEET APART OR MORE



Dual Drain Outlets

CORRECT

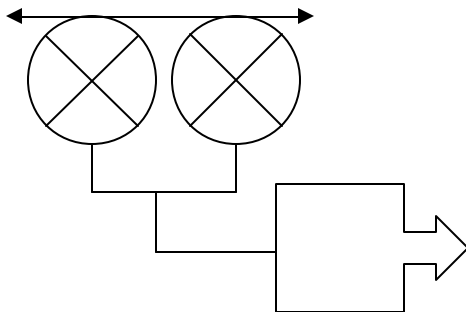
3 FEET APART OUTMOST OUTLETS



Multiple Drain Outlets

Incorrect

LESS THAN 3 FEET APART



Incorrect

LESS THAN 3 FEET APART FROM OUTMOST OUTLET

