



CLAY COUNTY  
**PUBLIC HEALTH CENTER**



**Recreational Waters-  
Virginia Graeme Baker Pool &  
Spa Safety Act Compliance**

800 Haines Drive  
Liberty, MO 64068  
Revised: 6/28/16  
Form# 1.031.320.RW.1F-5

Phone: 816-595-4350 Fax: 816-595-4394

*A separate form **MUST** be completed for each facility pool or spa.*

**Recreational Waters Facility Information**

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Phone #(s): \_\_\_\_\_ Fax #: \_\_\_\_\_

Facility Address or Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Owner: \_\_\_\_\_ Owner's Phone #: \_\_\_\_\_

**Pool/Spa Description**

Pool Volume: \_\_\_\_\_ Pump Flow Rate: \_\_\_\_\_ GPM

Indoor Swimming Pool     Outdoor Swimming Pool     Spa/Hot Tub     Therapy Pool

Wading Pool     Other: \_\_\_\_\_

**Agreement Regarding Compliance**

As the owner, operator, or authorized representative of the above named facility, I hereby certify that the facility has been inspected for compliance with the *Virginia Graeme Baker (VGB) Pool and Spa Safety Act*, and as a result of that inspection, the above described pool was:

**NOT in compliance with the VGB Pool and Spa Safety Act** (answer ALL questions below):

Date of Facility Inspection: \_\_\_\_\_

Facility Inspected By: \_\_\_\_\_

(Print company name or individual's name)

What will be required to bring the pool into compliance with the VGB Act?

Has work been scheduled:     Yes, when will the work be completed? \_\_\_\_\_

No, please explain:



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**IN compliance with the VGB Pool and Spa Safety Act** (answer ALL questions below):

VGB Requirement Met By:

- Drain/Grate Covers comply with specifications set forth in ASME/ANSIA 112.19.8; or
- Submerged suction outlets meet the definition for an unblockable drain

Pool/Spa Has:

- Single Drain
- Multiple Drains < 3 feet apart
- Multiple Drains > 3 feet apart

Single main drain system (other than an unblockable drain) is protected with:

- Automatic Pump Shut-Off System
- Safety Vacuum Release System
- Drain Disablement Device
- Suction Limiting Vent System
- Gravity Drainage System

Drain Cover: *Attach copy of receipt for drain cover purchase and/or Certificate of Compliance for drain cover.*

Manufacturer's Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Cover Flow Rating \_\_\_\_\_ GPM Cover Life Expectancy: \_\_\_\_\_ Years

Check One:  Wall Mount  Floor Mount

Date Installed: \_\_\_\_\_ (MM/DD/YY)

**Signature**

Operator's Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Operator's Signature: \_\_\_\_\_ Title: \_\_\_\_\_