

ORANGE COUNTY DEPARTMENT OF HEALTH

(Office use only)

124 Main Street
Goshen, N.Y. 10924
845-291-2331

Approval Date _____

Department Representative: _____

Beach Safety Plan Checklist

Name of Beach: _____ Town, Village, City: _____

Name of Legal Operator (Corporation, municipality, etc.): _____

This safety plan is accurate and complete to the best of my knowledge. It will be implemented as written.

POOL OPERATOR SIGNATURE: _____

POOL OPERATOR (print name of person signing): _____

SUBJECT	Y	N	NA	REMARKS
Plan identified/legal operator named				
Signature provided on safety plan (by legal operator)				
CHAIN OF COMMAND				
Job titles/positions listed				
Duties listed for each position				
Lifesaving equipment listed				
First Aid room/area required				
RULES AND REGULATIONS				
Rules list attached to plan for current operator				
DIVING SAFETY				
Diving board(s) in place				
Diving permitted from docks/piers/rafts				
Diving rules listed				
"No Diving" signs on rafts, etc. at < 8ft. Depth				
WEATHER/WATER QUALITY				
Conditions listed which warrant beach closure				
Thunderstorms				
Heavy rain/hail/fog				
Turbidity/algae growth				
Supervision not provided				
BATHER CAPACITY				
Method of controlling # bathers				
SUPERVISION				
# lifeguards on duty listed				
Lifeguard position outlined (1 LG facility)				
Zones of coverage sketch attached (> 1 LG)				
Elevated lifeguard chairs				
Lifeguard scanning/alertness addressed				
Lifeguard breaks addressed				
Lifeguard rotation addressed (> 1 LG)				
TEMPORARY RESIDENCE(SUBPART 7-1)				
SUPERVISION LEVEL IV ONLY:				
Supervision log maintained and brochures distributed				

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EMERGENCY PLAN				
Actions of lifeguards/beach staff outlined				
Emerg phone location/emerg phone numbers listed				
SEARCH PROCEDURES				
Responsibilities designated				
Shallow/deep water searches outlined				
EPILEPTIC SEIZURES				
EMS to be called regardless of victim condition				
Victim prohibited from beach use remainder of day				
PRACTICE DRILLS				
Frequency of drills listed for aquatic staff				
INJURY/ILLNESS LOGBOOK				
Conditions listed when required to call OCHD				
Responsibility designated for calling OCHD				
ENFORCEMENT OF RULES				
Responsibilities designated				
INSTRUCTIONAL ACTIVITIES				
Lifeguard/CPR staff to be provided				
OUTSIDE GROUP USE				
Lifeguards provided by beach operator				
Safety plan to be provided to outside group				
Written agreement/rules between group & beach oper.				