

ORANGE COUNTY DEPARTMENT OF HEALTH

124 Main Street
Goshen, N.Y. 10924
845-291-2331
Pool Safety Plan Checklist

(OFFICE USE ONLY)

Approval date _____

Department Representative: _____

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

Name of Legal Operator (HOA, Corporation, Co-Op, municipality, etc.): _____

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

POOL OPERATOR SIGNATURE: _____ **DATE:** _____

POOL OPERATOR (print name of person signing): _____

SUBJECT	Y	N	NA	wading	spa	REMARKS
Plan identified/legal operator named						
Signature provided on safety plan (by legal operator)						
Management company utilized						
CHAIN OF COMMAND						
Job titles/positions listed						
CPO required						
Duties listed for each position						
Responsibility designated for filter/disinf. Equipment						
Pool water chemistry testing designated						
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, how many						
Diving allowed from poolside						
Diving rules outlined						
DECK SLIDE						
Rules outlined						
WEATHER/WATER QUALITY						
Conditions listed which warrant pool closure						
Thunderstorms						
Heavy rain/hail/fog						
Main drain grate broken/missing/not secured						
No chlorine/bromine residual						
Chlorine residual > 5.0						
Bromine residual >6.0						
Poor water clarity/pool bottom not visible						
BATHER CAPACITY						
Method of controlling # bathers						
SUPERVISION						
Supervision level/exempt						
Number of lifeguards to be on duty at one time						
Lifeguard position outlined (1 LG facility)						
Zones of coverage sketch attached (> 1 LG facility)						
Lifeguard scanning/alertness addressed						
Lifeguard breaks addressed						
Lifeguard rotation addressed (>1 LG)						

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TEMPORARY RESIDENCE(SUBPART 7-1)						
SUPERVISION LEVEL IV ONLY:						
Supervision log maintained and brochures distributed						
EMERGENCY PLAN						
Actions of lifeguards/pool staff outlined						
Emerg phone location/emerg phone numbers listed						
Emergency info/#'s/access listed at phone						
Whistles/air horns: clear water/gain bather attention						
CHEMICAL STORAGE/HANDLING						
Responsibility designated for handling/labeling/storage						
SEARCH PROCEDURES						
Procedure outlined						
Responsibilities designated						
EPILEPTIC SEIZURES						
EMS to be called regardless of victim condition						
Victim prohibited from pool use remainder of day						
CHLORINE GAS						
Evacuation route outlined						
Fire Dept. notified						
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						
Responsibility designated						
INSTRUCTIONAL ACTIVITIES						
Lifeguard/CPR staff to be provided						
OUTSIDE GROUP USE						
Lifeguard(s) provided by pool operator						
Safety plan to be provided to outside group						
Written agreement/rules between group & pool oper.						
SPA POOLS ONLY						
Method for summoning spa supervisory staff						
Warning sign posted						
Spa drained/cleaned every 2 wks or when needed						
Max water temp not to exceed 104 degrees						
Thermostatic control provided/maintained						
Audible alarm system provided/maintained						