

NorthWest Bergen Regional Health Commission  
20 West Prospect Street  
Waldwick, NJ 07463  
(201) 445-7217 press 0  
Fax: (201) 445-4001



April 3, 2017

Dear Pool Operator/Building Manager:

We are writing to remind you of the annual pre-season inspection requirements for all licensed pools. Licenses are not released and pools shall not operate until inspections are completed and approved.

You must provide the following credentials **before May 15<sup>th</sup>** in order for a pre-operational inspection to be scheduled. All CPO credentials must be current.

1. You must obtain a satisfactory yearly Electrical Inspection BEFORE the Health Department can issue a license and open your facility. Call your municipal Building Department to schedule an Electrical Inspection. A pre-operational inspection will not be scheduled unless this requirement has been met.
2. Your valid certificate of bonding and grounding must be provided. ***Please note these expire every five years.***
3. You must provide a current CPO credential.
4. Under the Virginia Graham Baker Pool and Spa Safety Act – drain covers must be VGB compliant. These covers have an expiration date; you must provide proof that the pool and spa covers meet all requirements. I have attached a certification for the replacement of main drain covers in pool/spa that needs to be completed yearly.
5. **In addition, documentation must be provided that all drains are located a minimum of 3 feet apart or on different planes. If not 3 feet apart or on different planes the pool must be provided with proper safety devices such as safety vacuum release systems (SVRS), suction limiting system, gravity drain system or automatic pump shut off before it will be allowed to open.**
6. License application and fee must be paid.
7. Pool/Spa survey – ***please use accurate information to record volume and depth as it directly relates to our calculations of the Flow Rate.***
8. Lifeguard/CPR certifications – if applicable.

Please find attachments to help facilitate a successful and safe swimming season.

- Pre-operational Inspection requirements
- Protocol for Unsatisfactory Pool/Spa samples

If you have any questions, please feel free to contact our offices at 201-445-7217 ext. 0.

Thank you.

*Angela R. Musella*

Angela R. Musella

Health Officer

# CERTIFICATION FOR THE REPLACEMENT OF MAIN DRAIN COVERS IN POOL/SPA

*Guidance in ensuring compliance with The Virginia Graeme Baker Pool and Spa Safety Act (VGBPSSA).*

NAME OF LOCAL HEALTH DEPARTMENT			Date														
Address			Phone Number														
Name of Inspector		Permit Number		County													
FACILITY INFORMATION																	
Facility Name			Facility's Fax Number														
Facility Street Address		Municipality		Zip Code													
Contact Person		Contact's Phone Number		Contact's Email													
Name of Owner or Responsible Party			Owner's Email or Fax Number														
POOL/SPA INSPECTION DETAILS																	
Select applicable: <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Spa		Year Built	Hours of operation _____ AM to _____ PM Weekdays: _____ Weekends: _____														
Location of Structure <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		Is it a water park? <input type="checkbox"/> Yes <input type="checkbox"/> No	Select the correct Number of Drain Covers Replaced: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5														
Description of Pool/Spa <input type="checkbox"/> Swimming Pool / Deepest End: _____ Feet <input type="checkbox"/> Spray Pool <input type="checkbox"/> Slide Catch Pool <input type="checkbox"/> Wading Pool / Depth: _____ <input type="checkbox"/> Spa/Hot Tub / Depth: _____																	
Documents (final receipts, work order) used as proof: (Select and obtain all necessary information below.)			<input type="checkbox"/> Copy of Receipt <input type="checkbox"/> Copy of Work Order		Date of Installation												
Name of Company			Address														
Name of Person Who Performed the Work			Telephone Number		Fax Number												
Shape of the New Drain Covers <input type="checkbox"/> Square <input type="checkbox"/> Octagon <input type="checkbox"/> Round <input type="checkbox"/> Other Shape: _____				Dimensions of New Drain Covers _____ Inches													
Make and Model Number of Cover(s): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 10%;">Cover</th> <th style="width: 40%;">Make</th> <th style="width: 50%;">Model No.</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td> </td> <td> </td> </tr> <tr> <td style="text-align: center;">2</td> <td> </td> <td> </td> </tr> <tr> <td style="text-align: center;">3</td> <td> </td> <td> </td> </tr> </tbody> </table>			Cover	Make	Model No.	1			2			3			Are the covers VGB compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", please explain)		
Cover	Make	Model No.															
1																	
2																	
3																	
			Was there a secondary back-up system installed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," describe type)														
DETAILS ABOUT THE NEW DRAIN COVER(S)																	
Cover Expiration Date		Cover Flow Rate _____ (gal./min.)	Pump Flow Rate _____ (gal./min.)		Sump Size/Type												
Type of Main Drain <input type="checkbox"/> Dual <input type="checkbox"/> Single		Does it have equalizer outlets? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many equalizer outlets?		Was existing system altered? <input type="checkbox"/> Yes <input type="checkbox"/> No												
<b>Result of Inspection:</b> (For local health authority use only)			<input type="checkbox"/> Approved/Certified		<input type="checkbox"/> Conditional												
OWNER'S ACKNOWLEDGEMENT																	
I, _____, have replaced the drain grate/cover in the pool/spa listed in this form. I have properly installed the new drain cover(s) described and identified above to comply with ASME/ANSI A112.19.8-2007; according to the VGBPSSA. I verify that the statements made in this form are true and accurate. I understand that all the information provided, if falsified can be used against me, in court, by the authorities.																	
Signature of Owner			Signature of Witness														

**2017 Pool/Spa Survey**

**Complete Information Required for Each Pool and Each Spa on Site**

*Please use accurate information to record volume and depth as it directly relates to our calculations of the Flow Rate*

**Pool # 1**

\_\_\_\_\_ Main Pool                      \_\_\_\_\_ Competition Pool  
\_\_\_\_\_ Intermediate                      \_\_\_\_\_ Diving Pool  
\_\_\_\_\_ Wading Pool                      \_\_\_\_\_ Lake  
\_\_\_\_\_ Spa                      \_\_\_\_\_ Beach

Volume in Gallons: \_\_\_\_\_ Turnover Rate in Hours: \_\_\_\_\_

Pool Depth (feet/inches):

Shallow End: \_\_\_\_\_ Deep End: \_\_\_\_\_

Spa Depth (inches): \_\_\_\_\_ Spa/Pool Total Square Feet: \_\_\_\_\_

Flow Rate (GPM): \_\_\_\_\_

Method of Filtration:

\_\_\_\_\_ Sand  
\_\_\_\_\_ Diatomaceous Earth  
\_\_\_\_\_ Cartridge

Disinfectant Type (Liquid, Granular) List All Used:

	Type	Brand Name
1		
2		
3		
4		
5		
6		
7		
8		

**2017 Pool/Spa Survey**

**Complete Information Required for Each Pool and Each Spa on Site**

*Please use accurate information to record volume and depth as it directly relates to our calculations of the Flow Rate*

**Pool # 2**

\_\_\_\_\_ Main Pool                      \_\_\_\_\_ Competition Pool  
\_\_\_\_\_ Intermediate                      \_\_\_\_\_ Diving Pool  
\_\_\_\_\_ Wading Pool                      \_\_\_\_\_ Lake  
\_\_\_\_\_ Spa                      \_\_\_\_\_ Beach

Volume in Gallons: \_\_\_\_\_ Turnover Rate in Hours: \_\_\_\_\_

Pool Depth (feet/inches):

Shallow End: \_\_\_\_\_ Deep End: \_\_\_\_\_

Spa Depth (inches): \_\_\_\_\_ Spa/Pool Total Square Feet: \_\_\_\_\_

Flow Rate (GPM): \_\_\_\_\_

Method of Filtration:

\_\_\_\_\_ Sand  
\_\_\_\_\_ Diatomaceous Earth  
\_\_\_\_\_ Cartridge

Disinfectant Type (Liquid, Granular) List All Used:

	Type	Brand Name
1		
2		
3		
4		
5		
6		
7		
8		

**2017 Pool/Spa Survey**

**Complete Information Required for Each Pool and Each Spa on Site**

*Please use accurate information to record volume and depth as it directly relates to our calculations of the Flow Rate*

**Pool # 3**

\_\_\_\_\_ Main Pool                      \_\_\_\_\_ Competition Pool  
\_\_\_\_\_ Intermediate                      \_\_\_\_\_ Diving Pool  
\_\_\_\_\_ Wading Pool                      \_\_\_\_\_ Lake  
\_\_\_\_\_ Spa                                      \_\_\_\_\_ Beach

Volume in Gallons: \_\_\_\_\_ Turnover Rate in Hours: \_\_\_\_\_

Pool Depth (feet/inches):

Shallow End: \_\_\_\_\_ Deep End: \_\_\_\_\_

Spa Depth (inches): \_\_\_\_\_ Spa/Pool Total Square Feet: \_\_\_\_\_

Flow Rate (GPM): \_\_\_\_\_

Method of Filtration:

\_\_\_\_\_ Sand  
\_\_\_\_\_ Diatomaceous Earth  
\_\_\_\_\_ Cartridge

Disinfectant Type (Liquid, Granular) List All Used:

	Type	Brand Name
1		
2		
3		
4		
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6		
7		
8		

**2017 Pool/Spa Survey**

**Complete Information Required for Each Pool and Each Spa on Site**

*Please use accurate information to record volume and depth as it directly relates to our calculations of the Flow Rate*

**Pool #** \_\_\_\_\_

\_\_\_\_\_ Main Pool                      \_\_\_\_\_ Competition Pool  
\_\_\_\_\_ Intermediate                      \_\_\_\_\_ Diving Pool  
\_\_\_\_\_ Wading Pool                      \_\_\_\_\_ Lake  
\_\_\_\_\_ Spa                                      \_\_\_\_\_ Beach

Volume in Gallons: \_\_\_\_\_ Turnover Rate in Hours: \_\_\_\_\_

Pool Depth (feet/inches):

Shallow End: \_\_\_\_\_ Deep End: \_\_\_\_\_

Spa Depth (inches): \_\_\_\_\_ Spa/Pool Total Square Feet: \_\_\_\_\_

Flow Rate (GPM): \_\_\_\_\_

Method of Filtration:

\_\_\_\_\_ Sand  
\_\_\_\_\_ Diatomaceous Earth  
\_\_\_\_\_ Cartridge

Disinfectant Type (Liquid, Granular) List All Used:

	Type	Brand Name
1		
2		
3		
4		
5		
6		
7		
8		

**Pre-Operational Inspection Requirements for NorthWest Bergen Regional Health Commission  
Pools**

*The following items must be in place prior to your inspection:*

**Emergency Equipment**

1. Two assist poles or life hooks
2. Two life rings, rescue buoys or tubes
3. One fully stocked First Aid Kit
4. One Spine Board (straps attached) and head immobilizer
5. A working telephone
6. Emergency numbers and facility address posted
7. Bather Rules conspicuously posted
8. Distinguishing apparel that identifies the lifeguard(s)
9. Separate whistles for each lifeguard
10. "No Diving" signs (depicted in both words and symbols) prominently posted and visible from all areas of the pool

**Bound Log Book to Record the following information**

1. Date, time, and result of every pool water test (tests must be performed every two hours during pool operation)
2. Initials of the person who took the test
3. Bather load
4. Clarity and temperature of water

**Other**

1. Handrails and Ladder(s) must be installed
2. Filter room must be clean, organized and identified as a chemical storage area. No smoking signs must be posted on filter room. All chemicals must be properly labeled and stored
3. All flow meters must be in operational condition
4. Water analysis must be taken by a NJ certified laboratory within one week of scheduled opening



## Protocol for Unsatisfactory Pool Samples

### Pools

Whenever a swimming/wading pool water sample exceeds the microbiological water standards of N.J.A.C. 8:26-7.5, the CPO or facility manager **MUST** notify NorthWest Bergen Regional Health Commission, NWBRHC, on the same day that the unsatisfactory result is obtained. Notification may be made by phone or fax. **FAILURE TO NOTIFY NWBRHC MAY RESULT IN LEGAL ACTION BEING TAKEN.**

The pool water must be resampled immediately. If the resample also exceeds the microbiological water standards, the pool must be closed immediately and not re-opened until a microbiologically satisfactory water sample is obtained.

### Hot Tubs/Spas

Whenever a hot tub or spa water sample exceeds the microbiological water standards of N.J.A.C. 8:26-7.11, the hot tub **MUST** be closed and the CPO or facility manager must notify NorthWest Bergen Regional Health Commission **on the same day** that the unsatisfactory result is obtained. Notification may be made by phone or fax. **FAILURE TO NOTIFY NWBRHC MAY RESULT IN LEGAL ACTION BEING TAKEN.**

The hot tub shall be closed, drained and disinfected. After refilling, the water must be resampled.

## Fixed Float Requirements

Chapter IX New Jersey State Sanitary Code Public Recreational Bathing states in section 8:26-2.5 that a preoperational inspection must be conducted prior to opening any recreational bathing facility. Therefore, it is requested that you schedule an appointment for an inspection *prior* to filling any area with water.

In order for fixed floats to be acceptable, they must meet the following specifications under the code:

1. Location in water at least 8 feet deep, this minimum depth extending at least 12 feet from all edges
2. Fixed in place in a secure fashion to prevent movement from approved location
3. Not create any threat of entanglement or entrapment
4. Water area containing the fixed floats must be separated from other water areas by ropes and floats or other approved means
5. Be supervised whenever in use by a lifeguard dedicated to that supervision
6. Be governed by a written plan which specifies products, installation, rules of use and safety procedures.
7. The Health Department must approve the plan, inspect and approve the installation

Please call NorthWest Bergen Regional Health Commission to schedule an appointment. If you need any additional information regarding the pool season, please visit our website at [www.nwbrhc.org](http://www.nwbrhc.org) and click on "Pool Information & Forms".

Thank you for your cooperation in ensuring a safe swim season.