



Virginia Graeme Baker Pool and Spa Safety Act (VGBA) Compliance Verification Form

Cover Replacement

This submittal will not be reviewed for compliance with all the elements of the federal Virginia Graeme Baker Pool and Spa Safety Act (VGB). However, it will be reviewed for compliance with Chapter 246-260 WAC, which includes the technical design standards of VGB. The federal agency responsible for implementation and enforcement of the Virginia Graeme Baker Pool and Spa Safety Act is the Consumer Product Safety Commission (CPSC). Because state and federal laws have different regulatory requirements, compliance with Washington State regulations does not automatically constitute compliance with the federal Act. Facilities must comply with the minimum requirements of both state and federal law.

Cover Replacement Only for Main Drain and/or Skimmer Equalizer Line (Architect/Engineer stamp not required)

Documents required:

- Equipment specification sheets for all pumps, main drain covers, and equalizer line covers. Indicate the manufacturer and model number. Pump specification sheets must include the pump performance curve.
- Main drain checklist (two for each pool being modified). Complete the checklist in its entirety before submitting.

Incomplete submittals will not be processed. All construction and equipment must comply with the Washington State Board of Health Rules and Regulations for Water Recreation Facilities, Chapter 246-260 WAC, October 31, 2004. Written approval must be obtained from SCHED before beginning the modifications.

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Cover Replacement



SNOHOMISH COUNTY
HEALTH DEPARTMENT

WAC 246-260 and 246-262 require suction outlets (like main drain covers, equalizer line covers and main drain sumps) to meet the suction fitting standard. Complete this form every time you put on new drain covers to check you meet the manufacturer's installation requirements. **Use a different form for each body of water. See VGBA Compliance Supplemental Guidance document for additional instructions.** Keep this completed form available for inspection.

Questions? Contact (425) 339-5250 or shd-envhlthquestions@co.snohomish.wa.us.

Facility Information

Facility Name _____

Address _____ City _____ State _____ Zip _____

Pool type

- Swimming Spa/Hot Tub Wading Other

Main drain information

Number of main drains _____

<p>Sump information</p> <p>Pipe diameter _____ inches (A)</p> <p>Minimum pipe depth _____ inches (B)</p> <p>Minimum ledge depth _____ inches (C)</p> <p>Maximum ledge width _____ inches (D)</p> <p>Minimum pipe offset _____ inches (E)</p> <p>Pipe orientation <input type="checkbox"/> Bottom <input type="checkbox"/> Side</p> <p>Drain cover information</p> <p>Model _____</p> <p>Covers are required to be replaced after:</p> <p><input type="checkbox"/> 5 years Replacement date _____</p> <p><input type="checkbox"/> 10 years Replacement date _____</p> <p><input type="checkbox"/> Other: ___ years Replacement date _____</p>	<p>Jets/features</p> <p>Is there additional piping under the cover for jet/features? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is there an additional set of main drains for jet/features? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes to either, fill out the section below.</i></p> <p>Pipe diameter _____ inches (A)</p> <p>Minimum pipe depth _____ inches (B)</p> <p>Minimum ledge depth _____ inches (C)</p> <p>Maximum ledge width _____ inches (D)</p> <p>Minimum pipe offset _____ inches (E)</p> <p>Pipe orientation <input type="checkbox"/> Bottom <input type="checkbox"/> Side</p>
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Equalizer line information

Does pool have equalizer lines?

Yes—Fill out the section below.

No—Pump protection (e.g., autofill system) must be installed

Drain cover information

Model _____

Covers are required to be replaced after:

5 years Replacement date _____

10 years Replacement date _____

Other: ___ years Replacement date _____

Pump information

Make/model, HP _____

Maximum flow (clean filter) _____ gpm _____ TDH

(Optional: Additional pump, e.g. jet/features pump)

Make/model, HP _____

Maximum flow (clean filter) _____ gpm _____ TDH

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Information submitted is subject to Public Records Act, Chapter 42.56 RCW

Environmental Health/Safe Environments Program 3020 Rucker Ave., Everett, WA 98201 snohd.org (425) 339-5250 July 25, 2024

Do you have a single main drain or drains closer than 3 feet apart?

No Yes

If yes, you must have additional entrapment prevention equipment. Mark option used:

- Safety Vacuum Release System (SVRS) with audible alarm of at least 80 decibels.
- Suction Limiting Vent System with audible alarm of at least 80 decibels.
- Gravity Drainage System.
- Drain disablement.
- Unblockable drain with emergency shut-off switch and audible alarm of at least 80 decibels.

Additional records

Make sure you can show your pool complies with federal law and Washington State requirements. Keep these records up to date and available for review.

- Cover installation instructions and manufacturer’s specifications.
- If possible, sump photos showing the sump depths, pipe sizes, pipe offsets, ledge depths, and ledge widths.

Statement of Compliance with the VGBA

All suction drain covers, including equalizer line covers:

- 1) Are ANSI/APSP/ICC-16 2017 compliant.
- 2) Are installed according to the cover manufacturer’s instructions and with the fasteners provided or intended for attachment.
- 3) Are installed on sumps that meet all the specifications for the covers.
- 4) Do not exceed the maximum flow rating as specified by the manufacturer.
- 5) Main drain covers do not exceed a flow of 1.5 feet per second.
- 6) Additional entrapment prevention equipment meeting federal law and Washington State requirements is installed if required.

Signature

Installer’s Signature _____

Print Name _____

Phone _____ Email _____

Title _____

Company _____ Date _____