

## Swimming Facility Compliance Form — Facility Owner's Form

### VGBA-2017 SOFA Compliance and DCHD Best Practices

\*Complete a form for each pump at the facility. Attach drain cover certification documentation (Agency Listing, SOFA Specifications, SOFA General Certificate of Conformity)

#### PART I — POOL MANAGEMENT INFORMATION

Provided By (Print full name)		Report Date	
Signature		*Report Number	_____ of _____
Email Address		Phone Number	
Facility Name		Facility Permit ID	
Facility Address		Facility Phone #	
		Facility Contact	

#### PART II — POOL/SPA/PUMP INFORMATION

Pool Location		Location Type	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Pool Type	<input type="checkbox"/> Wading Pool <input type="checkbox"/> Spa <input type="checkbox"/> Hot Tub <input type="checkbox"/> Pool	Other Pool	
System Type	<input type="checkbox"/> Filtration <input type="checkbox"/> Spa Jets <input type="checkbox"/> Slide <input type="checkbox"/> Feature	Other Type	
<b>Design GPM</b>	(Turnover, feature spec, etc.)	<b>Flow Meter GPM</b>	
Pump Make		Measured TDH	
Pump Model/HP		Pump Curve GPM	

#### PART III — SUCTION OUTLET FITTING ASSEMBLY (SOFA) DETAILS

Drain Cover Manufacturer(s):							
	SOFA Model No. / Life in Years	Date Installed (M/Y)	Pipe Size / Orientation / Min. Pipe Depth	Installer Measured Pipe Depth	SOFA Orientation (Floor/Wall)	SOFA Flow Rating	<b>Total System Flow Rating</b>
1					<input type="checkbox"/> F <input type="checkbox"/> W		
2					<input type="checkbox"/> F <input type="checkbox"/> W		
3					<input type="checkbox"/> F <input type="checkbox"/> W		
4					<input type="checkbox"/> F <input type="checkbox"/> W		
5					<input type="checkbox"/> F <input type="checkbox"/> W		
6					<input type="checkbox"/> F <input type="checkbox"/> W		
7					<input type="checkbox"/> F <input type="checkbox"/> W		
8					<input type="checkbox"/> F <input type="checkbox"/> W		

Notes: SOFA pipe orientation: B = pipe exits bottom of sump, S = pipe exits side of sump.

VGBA-2017 Total System Flow Ratings – for SOFAs marked "Blockable" = sum of all flow ratings, minus the flow rating of SOFA with the highest installed flow rating – for SOFAs marked "Unblockable" = sum of all SOFA flow ratings

## PART IV — SINGLE DRAIN SYSTEMS

- 1) Single Drain System:  Yes  No Is the VGBA-2017 Drain Cover marked “Unblockable”  Yes  No. (If no, go to next section)
- 2) Multi-Drain System:  Yes  No Are two of the multi-drain system covers at least three (3) feet apart measured center to center, or located on different planes, such as floor and wall?  Yes  No. (If no, got to next section)

### Select Secondary Device or System that is installed

<input type="checkbox"/>	Safety Vacuum Release System (SVRS) compliant with ASME/ANSI A112.19.17 or ASTM F2387 Manufacturer Name and Model Number:
<input type="checkbox"/>	Suction-Limiting Vent System:
<input type="checkbox"/>	Gravity Drainage System:
<input type="checkbox"/>	Automatic Pump Shutoff System — Manufacturer Name and Model Number:
<input type="checkbox"/>	Drain Disablement — Describe how this was accomplished:

## PART V — SKIMMER EQUALIZER LINES

- 1) Are equalizer lines disabled?  Yes  No (If no, go to next question)
- 2) Do equalizer lines have VGBA-2017 SOFAs that cannot be removed without tools?  Yes  No  
 (If yes, provide the following information. If no, additional work is required to bring pool into VGB Act compliance.)  
 Provide manufacturer name and SOFA Model Number: \_\_\_\_\_  
 Provide installation date (month/year): \_\_\_\_\_

### Drain Cover Location Map

(Use Section III drain cover item number to mark approximate location)

