



Pennsylvania Department of Health

www.health.state.pa.us

Pool/Spa Main Drain Cover Replacement Form

For Compliance with The Virginia Graeme Baker Pool & Spa Safety Act

Date:			
Permit Number:	(found on the operating permit or inspection report)		
Pool/Spa Name:			
Address:		County:	
	City:	Zip:	

Contact Person:	
Phone:	
Fax:	
Email:	

Pool/Spa Location:	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor
Pool/Spa Type:	<input type="checkbox"/> Swimming Pool <input type="checkbox"/> Spray Pool <input type="checkbox"/> Other (describe) <input type="checkbox"/> Wading Pool <input type="checkbox"/> Slide Catch Pool <input type="checkbox"/> Spa/Hot Tub	
Number of Drain Covers Needing 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) <input type="checkbox"/> Other _____	
Shape and Dimensions of Drain Cover(s):	<input type="checkbox"/> 6" round <input type="checkbox"/> 9"x 9" square <input type="checkbox"/> Other (describe) <input type="checkbox"/> 8" round <input type="checkbox"/> 12"x 12" square <input type="checkbox"/> 10" round <input type="checkbox"/> 18"x 18" square	
Make & Model Number of Replacement Cover(s):		
Cover(s) Obtained from and Installed by:		
Date of Installation: (estimate if unsure of exact date)		

I, _____, have replaced the drain grate/cover in the pool/spa listed above and properly installed the drain grate/cover identified above, to be in compliance with ASME/ANSI A112.19.8-2007. I also verify that the statements made in this form are true and correct and are subject to the penalties of 18 Pa.C.S.A. § 4904 relating to unsworn falsification to authorities.

Signature of Pool Owner/Operator _____

Date _____

Forms may be mailed or faxed to the appropriate District Office below

Northwest District Office 19 McQuiston Drive Jackson Center, PA 16133 (724) 662-6068 – Telephone (724) 662-6086 – FAX <i>Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, Warren</i>	Northcentral District Office Water Tower Square 1000 Commerce Park Drive, Suite 109 Williamsport, PA 17701-5996 (570) 327-3400 – Telephone (570) 327-3748 – FAX <i>Bradford, Centre, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, Union</i>	Northeast District Office 665 Carey Avenue Wilkes-Barre, PA 18702-1466 (570) 826-2062 – Telephone (570) (570) 826-2238 – FAX <i>Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Susquehanna, Wayne, Wyoming</i>
Southwest District Office 233 West Otterman Street Greensburg, PA 15601 (724) 830-2701 – Telephone (724) 832-5327 – FAX <i>Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland</i>	Southcentral District Office 30 Kline Plaza Harrisburg, PA 17104 (717) 787-8092 – Telephone (717) 772-3151 – FAX <i>Adams, Bedford, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Mifflin, Perry, York</i>	Southeast District Office 442 Reading State Office Building 625 Cherry Street Reading, PA 19602-1187 (610) 378-4352 - Telephone (610) 378-4527 – FAX <i>Berks, Bucks, Chester, Delaware, Lancaster, Montgomery, Philadelphia, Schuylkill</i>

Revised 11/25/2008