

# Swimming Pool & Bathing Beach Safety Plan Checklist

**This checklist may be used by bathing facility operators and permit-issuing officials to determine if the required safety plan is complete.**

Name of Facility \_\_\_\_\_ Date of Checklist | m | d | y |

Location of Facility: County \_\_\_\_\_ Town, Village or City \_\_\_\_\_

\*Mandated by sections: 6-1.23(c) and 6-2.17(a)(4) of the New York State Sanitary Code.

Subject	Facility Operator Use			Local Health Department Use		
	Yes	No	N/A	Yes	No	Remarks
<b>A. ORGANIZATION &amp; MANAGEMENT</b>						
Chain of Command Outlined						
Job Duties & Descriptions						
<b>B. INJURY PREVENTION</b>						
Daily Inspection						
Rules & Regulations						
Diving Safety						
Deck Slides						
Weather/Water Quality						
Bather Capacity						
* Supervision						
Chemical Storage and Handling						
<b>C. * EMERGENCY PLAN</b>						
* Chain of Command/Flow Chart						
* Emergency Phone Numbers						
Rescue Squad Consulted						
* Emergency Access						
* Evacuation Route						
* First Aid Equipment						
* First Aid Room/Area						
* Clearing Water – Emergency						
* Communication Systems						
* Search Procedures						

Subject	Facility Operator Use			Local Health Department Use		
	Yes	No	N/A	Yes	No	Remarks
Epileptic Seizures						
* Chlorine Gas Leaks						
Practice Drills						
* Incident Log						

The attached information is correct and complete to the best of my knowledge, and, if acceptable, will be implemented as indicated.

Facility Operator Name: \_\_\_\_\_  
 (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Plan Review By: \_\_\_\_\_  
 (Print) \_\_\_\_\_ Date \_\_\_\_\_

**Plan Acceptable**

Although acceptable, the plan should be modified as follows:

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**Plan Unacceptable**

Reason plan is unacceptable:

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\_\_\_\_\_  
 (Date Reviewed) (Signature) (Title)