



Floyd County Health Department
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T: 812-948-4726, option 2, option 1 E: environmental@floydcounty.in.gov
W: <https://www.in.gov/counties/floyd/health-department/>

Virginia Graeme Baker Pool and Spa Safety Act

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Entrapment Prevention Device: Please check appropriate equipment

- Safety Vacuum Release System
- Suction-limiting Vent System
- Gravity Drainage System
- Automatic Pump Shut-Off System
- Drain Disablement
- Other Systems Determined by the Consumer Product Safety Commission (CPSC)

If you selected "Other," please describe below:

Suction Fittings: ***MUST ATTACH COPY OF CERTIFICATE FROM INSTALLER/MAUFACTURER**

Location in Pool: _____

Drain Use: Single Multiple

Installation: Floor Wall

Manufacturer: _____

Maximum Flow Rate (Different based on Installation): _____

Installation Date: _____ Expiration Date/Service Life: _____

Certifying Agency: ASME/ANSI A112.19.8 VGB 2008 ANSI/APSP-16 VGBA-2017

Field Fabricated: Yes No (Please provide Engineering if Field Fabricated)

I, the undersigned, do now affirm under penalties of Perjury that the foregoing information and/or representations are true and that each facility will meet State and Local requirements of the Health Department of Floyd County, Indiana.

Print Name: _____

Signature: _____

Date: _____