

ESTABLISHMENT NAME: _____
POOL LOCATION: _____

SWIMMING POOL PERMIT CHECK LIST -
DOCUMENTS TO BE RETURNED WITH LICENSING PACKAGE.

In order for the Canton Board of Health to issue a pool permit the following documentation is required at the Canton Board of Health. Along with the completion of a pre-opening inspection performed by the Canton Board of Health Inspector.

_____ Completed Application for a permit to operate a swimming pool

_____ Completed Workers Compensation Affidavit Form

_____ Copies of: Current Life Guard Certification(s)

_____ Copy(s) of: Current Certified Pool Operator's Certification

_____ \$50.00 Fee - Please make check payable to the "Canton Board of Health"

_____ Copy of Water Quality Testing Results
forwarded to & received at Canton Board of Health
results can be faxed to (781) 821-0337.

_____ Return; completed, requested paperwork to the
Canton Board of Health, 79 Pleasant Street, Canton, MA 02021;
or fax completed package to 781 821 0337.

Once COMPLETED package is RETURNED to Canton Board of Health you may SCHEDULE the PRE-OPENING INSPECTION by contacting Tim Marble @ 617 827 8360. Please be prepared to leave a voicemail message when calling Tim Marble.

Inspection Scheduled For: _____
(Date)

If you have any questions call 781 821 5021.

Diane J. White, Administrative Assistant, Canton Board of Health



Commonwealth of Massachusetts
 Board of Health
 Town of Canton
 79 Pleasant Street
 CANTON, MA 02021

****APPLICATION FOR GENERAL PERMIT/LICENSE****

DATE PRINTED

"TO THE LICENSING AUTHORITY: THE UNDERIGNED HEREBY APPLIES FOR A PERMIT/LICENSE IN ACCORDANCE WITH THE PROVISIONS OF THE STATUES RELATING THERETO" PERSON, FIRM OR CORP. MAKING APPLICATION:

ESTABLISHMENT NAME:

File Number:

LOCATED AT:

OWNER:

PHONE:

LICENSING PERIOD JANUARY 1, DECEMBER 31,

| PERMIT TYPE | FEE | DURATION | | |
|---|---------|--------------------------|-------------------------------------|--------------------------|
| | | ANNUAL | SEASONAL | TEMPORARY |
| OPERATE A SEMI-PUBLIC SWIMMING POOL SEASONAL (OPERATE A SEMI-PUBLIC SWIM POOL SEASONAL) | \$50.00 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Total Fees: \$50.00

- *PERMIT/LICENSE WILL NOT BE ISSUED UNLESS CERT. CLAUSE IS SIGNED.
- *PAYMENT IS DUE WITH THE APPLICATION/CHECKS PAYABLE TO TOWN OF CANTON
- *YOUR SOCIAL SECURITY NUMBER WILL BE FUNISHED TO THE MASSACHUSETTS DEPARTMENT OF REVENUE TO DETERMINE WHETHER YOU HAVE MET TAX FILING OR TAX PAYMENT OBLIGATION. LICENSEES WHO FAIL TO CORRECT THEIR NON-FILING OR DELINQUENCY WILL BE SUBJECT TO SUSPENSION OR REVOCATION. THIS REQUEST IS MADE UNDER AUTHORITY OF THE MGL CH62C, S49A. PLEASE REVIEW AND CORRECT INFORMATION ON THIS FORM.

IN ACCORDANCE WITH THE RULES AND REGULATIONS MADE UNDER THE AUTHORITY OF SAID STATUES, I _____ (SIGNATURE).
 CERTIFY UNDER PENALTY OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW."

SIGNATURE OF INDIVIDUAL, OR CORP, NAME: _____
 BY CORPORATE OFFICER: _____
 SOCIAL SECURITY NO. OR FEDERAL, INFO NO. _____

Email Address: _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

| | |
|---|--|
| <p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p> | <p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p> |
|---|--|

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 **If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

| | |
|---|-------------------------------------|
| <p>Official use only. Do not write in this area, to be completed by city or town official.</p> | |
| <p>City or Town: <u>CANTON</u></p> | <p>Permit/License # _____</p> |
| <p>Issuing Authority (circle one):</p> | |
| <p><u>1. Board of Health</u> 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office</p> | |
| <p>6. Other _____</p> | |
| <p>Contact Person: <u>Diane J. White</u></p> | <p>Phone #: <u>781-821-5021</u></p> |

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is **NOT** required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

SELF-CERTIFICATION FORM FOR SWIMMING POOLS

Name of Facility: _____

Address of Facility: _____

Name of Pool Operator: _____ Phone: _____

I, the undersigned, hereby attest to the following under the pains and penalties of perjury:

- (1) The Board of Health gave me the following documents:
 - This **Self-Certification Form for Swimming Pools** with Appendixes,
 - A blank **Return to Compliance/Request for Variances Form**,
 - A copy of Chapter 5 of the State Sanitary Code, 105 CMR 435.000, **Minimum Standards for Swimming Pools**;
- (2) I returned the following documents to the Board of Health:
 - This **Self-Certification Form for Swimming Pools**, and
 - A completed **Return to Compliance/Request for Variances Form**;
- (3) I have personally examined and am familiar with the information contained in the documents returned to the Board, including any and all documents accompanying this statement;
- (4) The information contained in these documents is to the best of my knowledge, true, accurate, and complete;
- (5) Any additional documents on file at the facility are identified on the following pages by the words "**DOCUMENT ON FILE**";
- (6) Procedures to maintain compliance are in place at this facility and will be maintained for the coming year or season even if programs or operating procedures are changed over the course of the year or season; and
- (7) I am fully authorized to make this attestation on behalf of this facility.

I am aware that there are significant penalties including, but not limited to, possible fines and imprisonment for willfully submitting false, inaccurate, or incomplete information.

Signature: _____ Date: _____

Printed Name/Title: _____

Source of Signatory Authority:

If a Partnership:

General Partner

If a Sole Proprietorship:

Proprietor

If a Corporation:

President

Secretary

Treasure

Vice President (if authorized by corporate vote)

Representative of the Above (if authorized by corporate vote and if responsible for overall operation of the establishment)

| | |
|--|---|
| <p>1 The pool at this facility does not require a Swimming Pool permit from the Board of Health because it meets one of the following criteria:</p> <p>(a) It is a residential pool, meaning a swimming or wading pool established or maintained by an individual for his own or family's use, or for the use of personal guests of his household.</p> <p>(b) It is used primarily for baptismal purposes or the healing arts.</p> <p>(c) Other: _____</p> <p>*If you check "yes" to any the items numbered 1(a) to 1(c), then do not fill out the rest of this form. Sign the front page and return it to the Board of Health.</p> | <p>Yes No n/a</p> <p><input type="checkbox"/>* <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/>* <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/>* <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>2 The pool at this facility does require a Swimming Pool permit from the Board of Health because it meets one of the following criteria:</p> <p>(a) Public Pool – swimming, wading, or special purpose pool to which the general public may gain admission either with or without the payment of a fee.</p> <p>(b) Semi-public Pool – swimming, wading, or special purpose pool on the premises of, or used in connection with a hotel, motel, trailer court, apartment house, condominium, country club, youth club, school, camp, or similar establishment where the primary purpose of the establishment is not the operation of the swimming facilities, and where admission to the use of the pool is included in the fee or consideration paid or given for the primary use of the premises. Includes pools constructed and maintained by groups for the purposes of providing facilities for members and guests only.</p> <p>(c) Other: _____</p> <p>**If you check "yes" to any the items numbered 2(a) to 2(c), then fill out the rest of this form.</p> | <p>Yes No n/a</p> <p><input type="checkbox"/>** <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/>** <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/>** <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>3 The following types of pools are at this facility (check all that apply):</p> <p>(a) Swimming Pool – an artificial pool of water having a depth of two feet or more at any point and used for swimming or bathing, located indoors or outdoors, together with the bathhouses, equipment, and appurtenances used in connection with the pool.</p> <p style="padding-left: 40px;">Number of swimming pools at this address: _____</p> <p>(b) Special Purpose Pool – a unit designated for recreational and therapeutic use which is shallow in depth and not meant for swimming and diving. Includes but is not limited to, therapeutic pools, hydrotherapy pools, whirlpools, hot spas, hot tubs, float tanks, etc.</p> <p style="padding-left: 40px;">Number of special purpose pools at this address: _____</p> <p>(c) Wading Pool – a pool of water in a basin having a maximum depth of less than two feet intended chiefly as a wading place for children.</p> <p style="padding-left: 40px;">Number of wading pools at this address: _____</p> | <p>Yes No n/a</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p><i>PLAN APPROVAL (435.02)</i></p> | |
| <p>4 New pool will not be constructed or installed, and existing pool will not be expanded, remodeled, or altered without obtaining written approval from the Board of Health in advance.</p> | <p>Yes No n/a</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p><i>BATHHOUSE AND SANITARY FACILITIES (435.03)</i></p> | |
| <p>5 Adequate storage space provided for janitorial equipment and supplies, and instructional equipment.</p> | <p>Yes No n/a</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>6 Adequate ventilation provided for indoor swimming pools, dressing rooms, shower rooms, and/or toilets.</p> | <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |
| <p>7 Sanitary drinking water facilities provided in accordance with 310 CMR 22.00: <i>Drinking Water</i>.</p> | <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> |

| | | | |
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| 8 Enclosures provided to prevent animals and unauthorized persons from entering pool area: | | | |
| (a) <u>Outdoor pool constructed before 11/2/75</u> – four-foot high fence and gate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) <u>Outdoor pool constructed after 11/2/75</u> – five to six-foot high fence and gate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) <u>Indoor pool</u> – four-foot high barrier. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SEWAGE DISPOSAL (435.04) | | | |
| 9 Facility is served by town sewer. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Facility is served by a septic system. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Facility is served by its own wastewater treatment plant. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LOCATION, STRUCTURAL STABILITY, FINISH (435.05) | | | |
| 12 Pool walls and floor do not have any projections except for ladders, grab rails, fill spouts under diving stands, or rounded fittings projecting no more than two inches. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Surface finish of pool wall and floor is in good repair, moderately smooth, and free from cracks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WATER CIRCULATION AND FILTRATION SYSTEMS (435.06) | | | |
| 14 The entire volume of each pool is recirculated through a filtration system in the appropriated amount of time: | | | |
| (a) <u>Swimming pools</u> – once every eight hours. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) <u>Wading pools</u> – once every four hours. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) <u>Special purpose pools</u> – once every thirty minutes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 Each pool has a recirculation and purification system with the following components: | | | |
| (a) A filtration system. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Recirculation pumps. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Hair and lint strainers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Provision for chemical feed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Provision for bacterial treatment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Filter effluent flowmeters or meters. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Balancing or float-control tank or above-rim fill-spout. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Test kit(s) that meet requirements of 105 CMR 435.29 and distinguish free residual chlorine and combined chlorine. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 The flow of water through each filtration system does not exceed the filter capacity: | | | |
| (a) <u>High rate filters</u> – no more than 15 gallons per minute per square foot of filter area. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) <u>Diatomaceous earth filters without continuous body feed</u> – no more than 1.5 gallons per minute per square foot of filter area. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) <u>Diatomaceous earth filters with continuous body feed</u> – no more than 2 gallons per minute per square foot of filter area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) <u>Cartridge-type filters</u> - no more than 0.375 gallons per minute per square foot of filter area. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
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| 17 | Automatic chemical feeds are installed and operating on each pool: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) | <u>Chlorinators on outdoor pools</u> – at least 3 lbs chlorine per 24 hrs per 10,000 gals water. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) | <u>Chlorinators on indoor pools</u> – at least 1 lb chlorine per 24 hrs per 15,000 gals water. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) | <u>Brominators</u> – continuous feed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>INLETS AND OUTLETS (435.08)</i> | | Yes | No | n/a |
| 18 | All fill spouts and other outlets are located or shielded so as not to create a hazard. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | Drain covers can not be removed without tools, and floor drain grate designs prevent physical entrapment of fingers, toes, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | The velocity of water leaving each pool through grate openings does not exceed 2 feet per second. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | Each pool has at least one anti-vortex drain outlet; and anti-vortex drain covers located in depths of 4'6" or less are not a tripping or stubbing hazard. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | Operator will immediately close any pool that has a suction outlet cover that is missing, broken, loose, creating an obstruction, or secured in such a way that the it can be removed without the use of tools (excluding skimmers or gutters). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | Each special purpose and wading pool has an emergency shut off pump switch, in an accessible location, prominently marked and within plain site at the special purpose or wading pool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>CROSS CONNECTIONS (435.09)</i> | | Yes | No | n/a |
| 24 | Potable water is supplied to each pool through an air gap. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>SKIMMING FACILITIES (435.10)</i> | | Yes | No | n/a |
| 25 | Approximately 50% of the recirculation rate for each pool is drawn from the top surface of the pool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>POOL SLOPES AND DIMENSIONS (435.11)</i> | | Yes | No | n/a |
| 26 | There is a minimum of three feet of water in all swimming pools used for swimming purposes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 | There is a maximum of four feet of water in all special purpose pools. Seats in special purpose pools are not more than two feet below the water line. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>WATER DEPTH MARKINGS (435.12)</i> | | Yes | No | n/a |
| 28 | Water depths are clearly marked on pool decks and vertical pool walls. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | When non-swimmers use a pool, a polyethylene line with floats is used to separate the non-swimmer area from the deeper water. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | Boundary between the shallow and deep areas is marked with a four-inch stripe of contrasting color on floor and wall of pool. Ledge and step edges are also marked with a four-inch stripe. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>WALKWAYS AND DECKS (435.13)</i> | | Yes | No | n/a |
| 31 | A four to eight-foot wide walkway is maintained around each pool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 | A three-foot wide walkway is maintained around each piece of diving equipment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 | Walkway and deck surfaces are furnished with a slip-resistant, non-abrasive surface. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>LADDERS AND STEPS (435.14)</i> | | Yes | No | n/a |
| 34 | At least one ladder or steps with handrail 1s provided for each 75 feet of swimming pool perimeter; no less than two per pool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| 35 | At least one handrail or ladder equivalent is provided for each special purpose pool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>DIVING (435.15)</i> | Yes | No | n/a |
| 36 | All diving equipment is soundly constructed, properly anchored, free from splinters or dangerous cracks, and covered with a durable non-slip surface. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 | Diving boards or platforms more than one meter above the pool water are not permitted for general public use and are protected with adequate guard rails. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>WATER SOURCES (435.16)</i> | Yes | No | n/a |
| 38 | The water source is approved by the Board of Health. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>POOL SUPERVISION (435.17)</i> | Yes | No | n/a |
| 39 | Whenever a pool is open for use, it is under the management of a pool operator who is at least 21 years of age, knowledgeable of 105 CMR 435.000, and responsible for all phases of the pool operation. Name of pool operator: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 | DOCUMENTS ON FILE show that the pool operator has successfully completed a course in the safe and effective operation and maintenance of swimming pools offered by the following organization. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Y.M.C.A. | | | |
| | <input type="checkbox"/> National Swimming Pool Foundation | | | |
| | <input type="checkbox"/> Other organization (subject to approval by DPH) _____ | | | |
| 41 | Pool operator has determined that all on-site pool personnel are adequately trained in the safe, sanitary, and effective operation of the pool and its equipment. | | | |
| 42 | If required by the Board of Health, there shall be at least one trained person on the premises at all times that the pool is open. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 | Pool operator conducts a site visit to the pool at least one a week to ensure the pool is being operated in a safe and sanitary manner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 | DOCUMENTS ON FILE show each time the pool operator visits the pool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>ANNUAL PERMIT REQUIREMENTS; POOL RECORDS (435.21)</i> | Yes | No | n/a |
| 45 | Copy of permit from Board of Health is posted in a conspicuous location near pool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 | DOCUMENTS ON FILE show daily attendance, amounts and types of chemicals used daily, results of chemical and bacteriological tests, dates and times of emptying and cleaning of the pool and backwashing of filters, the daily number of hours of operation or purification equipment, and initials of person making the required tests. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <i>HEALTH REGULATIONS; SIGNS (435.22)</i> | Yes | No | n/a |
| 47 | Operator shall ensure that no person having a communicable disease that may be transmitted through the medium of water shall be employed or work at the pool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 | Operator enforces the following regulations: | | | |
| | (a) No bather shall enter the pool unless he first takes a cleansing shower. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | (b) No bather shall wear a bathing suit that is unclean. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | (c) No person suffering from a fever, cough, cold, inflammation of the eyes, nasal or ear discharges, or any communicable disease shall be allowed the use of the pool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | (d) No person with sores or other evidence of skin disease, or who is wearing a bandage or medical covering of any kind, shall be allowed the use of the pool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| (e) No person shall spit in or in any other way contaminate the pool, or its floors, walkways, aisles, or dressing rooms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) No glass, with the exception of shatterproof light shields, shall be permitted in the pool or on walkways within 8 feet of the pool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) No person shall bring or throw into the pool any object that may in any way carry contamination or endanger the safety of bathers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49 Sign placed near entrance of pool enclosure, or on a wall of the dressing room, reads substantially as follows: <i>"All persons are required to take a cleansing shower bath before entering the pool." "No person with a communicable disease is allowed to use the pool."</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50 For special purpose pools, the sign referenced in #47 above includes the following warnings: | | | |
| (a) Do not use when alone. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Do not use while under the influence of alcohol, anticoagulants, antihistamines, vasoconstrictors, vasodilators, stimulants, hypnotics, narcotics, or tranquilizers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Elderly persons, pregnant women, and person suffering from heart disease, diabetes, high or low blood pressure should not use this pool until they consult with their physician. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Do not use the pool when the water temperature is greater than 104°F. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Observe a reasonable time limit (e.g., 10 minutes), then shower, cool down, and, if you wish, return for another brief stay. Long exposure may result in nausea, dizziness or fainting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) The use of oils and body lotion by bathers is prohibited. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 Special purpose pool is provided with a permanently mounted clock, with a large dial, in a location that is easily readable by bathers at the pool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LIFEGUARDS (435.23) | Yes | No | n/a |
| 52 If lifeguards are required by the Board of Health, they are in constant attendance during bathing hours and no bather is admitted to the pool unless a lifeguard is present. Each lifeguard is 16 years of age or older and has the following certifications: | | | |
| (a) A current Red Cross Lifeguard Training Certificate, or Royal Bronze Medallion, or Boy Scouts of America Lifeguard Certificate, or National Y.M.C.A. Lifeguard Certificate, or an equivalent certificate, and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) A current American Red Cross CPR Certificate for the Professional Rescuer, or American Heart Association CPR Certificate for a Health Care Provider, or National Safety Council CPR Training, and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) A Red Cross Standard First Aid Certificate, or a Red Cross Community First Aid and Safety Certificate, or National Safety Council First Aid Training (Level 2), or an equivalent certification. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53 While on duty, lifeguards wear a red or bright orange bathing suit, and may wear a red or bright orange shirt or jacket as an outer garment with the word GUARD in 4" lettering on the back. An orange hat or sun helmet is provided to each lifeguard while on duty. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54 Whistles and bull horns or other appropriate voice amplification devices are provided to all lifeguards while on duty. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55 If no lifeguards are required by the Board of Health, then a warning sign posted in a conspicuous location shall state: <i>"Warning – No lifeguard on duty." "Children under the age of 16 should not use swimming pool without an adult in attendance." "Adults should not swim alone."</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | Yes | No | n/a |
|--|--|--------------------------|--------------------------|--------------------------|
| SAFETY EQUIPMENT (435.24) | | | | |
| 56 | For every 2,000 sq ft of water surface of fraction thereof, there is at least one ring buoy in a readily accessible location. Each ring buoy is U.S. Coast Guard-approved, with a ¼ inch polyethelene rope attached that is no less in length than 1½ times the width of the pool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57 | A rescue hook is provided for each outdoor, in-ground swimming pool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58 | Each pool that is attended by lifeguards has at least: | | | |
| | (a) One rescue tube at each lifeguard station, and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | (b) One backboard with straps at each pool. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FIRST AID EQUIPMENT AND EMERGENCY COMMUNICATION (430.25) | | Yes | No | n/a |
| 59 | An adequately-stocked first-aid kit is provided. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60 | An emergency communication system which provides convenient, immediate, and toll-free communication with emergency services is provided. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WASTE WATER AND BACKWASH WATER DISPOSAL (435.26) | | Yes | No | n/a |
| 61 | The water drained from each pool is dechlorinated prior to discharging. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 | The water drained from pools is not discharged into any storm drain owned or operated by the Town of Concord. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 63 | Backwash water from diatomaceous earth filters is discharged through a separation tank. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHEMICAL STANDARDS (435.29) | | Yes | No | n/a |
| 64 | DOCUMENTS ON FILE show that tests for residual disinfectant (i.e., chlorine, bromine) and pH are made four times daily, once during the peak load by the pool operator, or more often if required by the Board of Health. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65 | DOCUMENTS ON FILE show that tests for alkalinity and calcium hardness are made weekly by the pool operator, and whenever else the Board of Health considers is necessary. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WATER TESTING EQUIPMENT (435.30) | | Yes | No | n/a |
| 66 | A DPD test kit is provided and maintained in good repair with an adequate supply of reagents. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 67 | For each special purpose pool, an accurate unbreakable thermometer is provided. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WATER CLARITY (435.31) | | Yes | No | n/a |
| 68 | Water clarity is maintained at all times so that a black disc 6 inches in diameter on a white field is clearly visible from the sidewalk of the pool when the disc is placed on the bottom of the pool at the deepest point. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| WATER QUALITY MAINTENANCE (435.32) | | Yes | No | n/a |
| 69 | Clarity and cleanliness of water is maintained by continuous recirculation through an appropriate filtration system. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70 | Each special purpose pool is drained, cleaned, and refilled a minimum of once every 14 days. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAXIMUM OPERATING TEMPERATURES FOR SPECIAL PURPOSE POOLS (435.33) | | Yes | No | n/a |
| 71 | The water temperature of special purpose pools does not exceed 104°F. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 72 | The water temperature of each special purpose pool is measured and recorded when pH and residual disinfectant are tested. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <i>CLOSURE OF POOL (435.34)</i> | | Yes | No | n/a |
|---|---|--------------------------|--------------------------|--------------------------|
| 73 | Pool operator is familiar with the provisions of 105 CMR 435.000 and every other applicable law and regulation pertaining to swimming, wading, and special purpose pools including testing equipment and safe handling of chemicals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 74 | Whenever the swimming, wading, or special purpose pool water does not conform with the requirements set forth in 105 CMR 435.28 through 435.31, the pool operator closes the pool until the pool water conforms with those standards. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>NEW AND INNOVATIVE EQUIPMENT AND PROCEDURES (435.37)</i> | | Yes | No | n/a |
| 75 | No new or innovative equipment or disinfection methods will be used without written approval from DPH. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>GENERAL SANITATION (435.38)</i> | | Yes | No | n/a |
| 76 | All pools, bathhouses, grounds, and appurtenances are maintained in good repair and in a safe and sanitary manner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>OTHER ITEMS</i> | | Yes | No | n/a |
| 77 | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ | | | |
| 78 | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ | | | |
| 79 | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ | | | |
| 80 | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ | | | |

RETURN TO COMPLIANCE/REQUEST FOR VARIANCE FORM FOR SWIMMING POOLS

Name of Facility: _____

Address of Facility: _____

Name of Pool Operator: _____ Phone: _____

| PLAN TO RETURN TO COMPLIANCE | | | |
|-------------------------------------|--|-----------------|--------------|
| # | Description of Steps to be Taken to Return to Compliance | Correction Date | BoH Use Only |
| | | | |
| | | | |
| | | | |

| REQUEST FOR VARIANCE | |
|---|--|
| <p>Note: In order to request a variance, you must fill out this form and attend a hearing in front of the Board of Health. You will be notified in writing of the date and time of the hearing. Section 105 CMR 435.46 of the State Sanitary Code allows the Board of Health to vary the application of any provision of the code with respect to any particular case when, in its opinion (a) the enforcement thereof would do manifest injustice; and (b) the applicant has proved that the same degree of protection under 105 CMR 435.000 can be achieved without strict application of the particular provision.</p> | |
| Relevant Code Sections | Description of the Requested Variances |
| 435. _____ | |
| 435. _____ | |
| 435. _____ | |