



Commonwealth of Massachusetts
Town of Wrentham
Board of Health
79 South Street, Wrentham, MA 02093

TEL: (508) 384-5480
FAX: (508) 384-5449

Please read through the information below for an understanding of what is needed to complete your application to operate a public or semi public pool. The fee for the license is \$165 per pool.

The following documents are needed to make your application.

1. The application for a permit to operate a swimming pool, included in this packet
2. Self-Certification Form for Swimming Pools. Please fill this form out in its entirety, included in this packet
3. Worker's Compensation Insurance Affidavit. Massachusetts General Law Chapter 152 requires all businesses to submit a workers' compensation affidavit, included in this packet.
4. Certificate of Liability from your insurance carrier with the Town of Wrentham listed as a certificate holder.

In addition to the documents listed above you must provide the Board of Health with the following:

1. A bacteriological analysis, for coliform and pseudomonas aeruginosa must be taken and submitted to the Board of Health prior to the opening of the pool;
2. A list of lifeguards along with their current certifications in the following:
 - a) an American Red Cross lifeguard training or water safety instructor or its equivalent certification;
 - b) an American Red Cross standard first-aid training or its equivalent certificate;
 - c) age appropriate CPR from the American Red Cross, American Heart Assoc. or its equivalent; and
 - d) pool operator certification.

An inspection by the Board of Health's agent must be performed prior to opening

After your permit is issued you must do the following to maintain your permit:

1. You are required to maintain a daily logbook recording ph, alkalinity, cyanuric acid and chlorine(total, free and combined). These must be taken four times every day: morning, afternoon, evening, and once during peak bathing load.
3. Lifeguards must be in attendance during all bathing hours. No bather shall be admitted into the pool unless a lifeguard is present.
4. A standard Red Cross 24-unit first aid kit or its equivalent must be provided.
Telephone number of the local police, state police, ambulance service and poison control center must be posted in a conspicuous place. A telephone other than a pay station must be within close proximity to the pool in an area that is unlocked and fully available to both staff and the public at all times.
5. All accidents or illness requiring medical or emergency treatment must be reported to the Board of Health within 24-hour occurrence.



**WRENTHAM
BOARD OF HEALTH**
79 South Street, Wrentham, MA. 02093
APPLICATION TO OPERATE PUBLIC OR SEMI PUBLIC POOL
THIS IS NOT A BUILDING PERMIT
PLEASE CALL THE BOH TO SCHEDULE PRE-OPENING INSPECTION

Permit Number:	Fee:
Location of Pool:	
Name of Owner:	
Telephone Number:	Email:
Type of Pool:	
Volume:	Source of Water:
Length:	Width:
Swimming Area:	Non Swim Area:
Diving Area:	Type of Finish:
Scum Gutter:	Source of Water:
Deck Type and Width:	Deck Skimmers:
Deck Weir Length:	
Disposal of Sewage and Waste Water:	
Treatment System (kind of filters etc.):	
Disinfection Method (type, capacity etc.):	
Chemical Treatment (feeds, capacity, quantity):	

Please include the following with your application:

- Workman's Compensation Affidavit (blank copy provided by BOH)
- Certificate of Liability from your Insurance Carrier, with the Town of Wrentham listed as a Certificate Holder
- Self-Certification Form for Swimming Pools (attached)
- Copies of Current Life Guard Certifications with a copy of photo ID
- Copy(s) of Current Certified Pool Operators Certification
- Copy of Water Quality Testing Results
- \$165 Fee

Signature of Applicant: _____ Date: _____

Approval Disapproval

REASON FOR DISAPPROVAL: _____

Signature: _____ Date: _____
Wrentham Board of Health Agent



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

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

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 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
- (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)

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<p>1 The pool at this facility <u>does not</u> 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>* * *</p>
<p>2 The pool at this facility <u>does</u> 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>** ** **</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><i>PLAN APPROVAL (435.02)</i> Yes No n/a</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><i>BATHHOUSE AND SANITARY FACILITIES (435.03)</i> Yes No n/a</p>	
<p>5 Adequate storage space provided for janitorial equipment and supplies, and instructional equipment.</p>	
<p>6 Adequate ventilation provided for indoor swimming pools, dressing rooms, shower rooms, and/or toilets.</p>	
<p>7 Sanitary drinking water facilities provided in accordance with 310 CMR 22.00: <i>Drinking Water.</i></p>	

<p>8 Enclosures provided to prevent animals and unauthorized persons from entering pool area:</p> <p>(a) <u>Outdoor pool constructed before 11/2/75</u> – four-foot high fence and gate.</p> <p>(b) <u>Outdoor pool constructed after 11/2/75</u> – five to six-foot high fence and gate.</p> <p>(c) <u>Indoor pool</u> – four-foot high barrier.</p>	
<p><i>SEWAGE DISPOSAL (435.04)</i></p> <p>9 Facility is served by town sewer.</p> <p>10 Facility is served by a septic system.</p> <p>11 Facility is served by its own wastewater treatment plant.</p>	<p>Yes No n/a</p>
<p><i>LOCATION, STRUCTURAL STABILITY, FINISH (435.05)</i></p> <p>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.</p> <p>13 Surface finish of pool wall and floor is in good repair, moderately smooth, and free from cracks.</p>	<p>Yes No n/a</p>
<p><i>WATER CIRCULATION AND FILTRATION SYSTEMS (435.06)</i></p> <p>14 The entire volume of each pool is recirculated through a filtration system in the appropriated amount of time:</p> <p>(a) <u>Swimming pools</u> – once every eight hours.</p> <p>(b) <u>Wading pools</u> – once every four hours.</p> <p>(c) <u>Special purpose pools</u> – once every thirty minutes.</p> <p>15 Each pool has a recirculation and purification system with the following components:</p> <p>(a) A filtration system.</p> <p>(b) Recirculation pumps.</p> <p>(c) Hair and lint strainers.</p> <p>(d) Provision for chemical feed.</p> <p>(e) Provision for bacterial treatment.</p> <p>(f) Filter effluent flowmeters or meters.</p> <p>(g) Balancing or float-control tank or above-rim fill-spout.</p> <p>(h) Test kit(s) that meet requirements of 105 CMR 435.29 and distinguish free residual chlorine and combined chlorine.</p> <p>(i) Other _____</p> <p>16 The flow of water through each filtration system does not exceed the filter capacity:</p> <p>(a) <u>High rate sand filters</u> – no more than 20 gallons per minute per square foot of filter area.</p> <p>(b) <u>Diatomaceous earth filters without continuous body feed</u> – no more than 1.5 gallons per minute per square foot of filter area.</p> <p>(c) <u>Diatomaceous earth filters with continuous body feed</u> – no more than 2 gallons per minute per square foot of filter area</p> <p>(d) <u>Cartridge-type filters</u> - no more than 0.375 gallons per minute per square foot of filter area.</p> <p>(e) <u>Rapid Rate Sand</u>- no more than 3 gallons per minute per square foot of filter area</p>	<p>Yes No n/a</p>

17	Automatic chemical feeds are installed and operating on each pool: (a) <u>Chlorinators on outdoor pools</u> – at least 3 lbs chlorine per 24 hrs per 10,000 gals water. (b) <u>Chlorinators on indoor pools</u> – at least 1 lb chlorine per 24 hrs per 15,000 gals water. (a) <u>Brominators</u> – continuous feed.			
<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.			
19	Drain covers can not be removed without tools, and floor drain grate designs prevent physical entrapment of fingers, toes, etc.			
20	The velocity of water leaving each pool through grate openings does not exceed 2 feet per second.			
21	Each pool has at least two anti-vortex drain outlet; and anti-vortex drain covers located in depths of 4'6" or less are not a tripping or stubbing hazard, no closer than 3 feet center to center.			
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).			
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.			
<i>CROSS CONNECTIONS (435.09)</i>		Yes	No	n/a
24	Potable water is supplied to each pool through an air gap.			
<i>SKIMMING FACILITIES (435.10)</i>		Yes	No	n/a
25	Approximately 50% of the recirculation rate for each pool in drawn from the top surface of the pool.			
<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.			
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.			
<i>WATER DEPTH MARKINGS (435.12)</i>		Yes	No	n/a
28	Water depths are clearly marked on pool decks and vertical pool walls.			
29	When non-swimmers use a pool, a polyethylene line with floats is used to separate the non-swimmer area from the deeper water.			
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.			
<i>WALKWAYS AND DECKS (435.13)</i>		Yes	No	n/a
31	A four to eight-foot wide walkway is maintained around each pool.			
32	A three-foot wide walkway is maintained around each piece of diving equipment.			
33	Walkway and deck surfaces are furnished with a slip-resistant, non-abrasive surface.			
<i>LADDERS AND STEPS (435.14)</i>		Yes	No	n/a
34	At least one ladder or steps with handrail is provided for each 75 feet of swimming pool perimeter; no less than two per pool.			

35	At least one handrail or ladder equivalent is provided for each special purpose pool.			
	<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.			
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.			
	<i>WATER SOURCES (435.16)</i>	Yes	No	n/a
38	The water source is approved by the Board of Health.			
	<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: _____			
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. National Swimming Pool Foundation Other organization (subject to approval by BOH) _____			
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.			
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.			
44	DOCUMENTS ON FILE show each time the pool operator visits the pool.			
	<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.			
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.			
	<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.			
48	Operator enforces the following regulations: (a) No bather shall enter the pool unless he first takes a cleansing shower. (b) No bather shall wear a bathing suit that is unclean. (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. (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.			

- (e) No person shall spit in or in any other way contaminate the pool, or its floors, walkways, aisles, or dressing rooms.
 - (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.
 - (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.
- 49 Sign placed near entrance of pool enclosure, or on a wall of the dressing room, reads substantially as follows:
- "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."*
- 50 For special purpose pools, the sign referenced in #47 above includes the following warnings:
- (a) *Do not use when alone.*
 - (b) *Do not use while under the influence of alcohol, anticoagulants, antihistamines, vasoconstrictors, vasodilators, stimulants, hypnotics, narcotics, or tranquilizers.*
 - (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.*
 - (d) *Do not use the spa when the water temperature is greater than 104°F.*
 - (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.*
 - (f) *The use of oils and body lotion by bathers is prohibited.*
- 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.

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
 - (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
 - (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.
- 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.
- 54 Whistles and bull horns or other appropriate voice amplification devices are provided to all lifeguards while on duty.
- 55 If no lifeguards are required by the Board of Health, then a warning sign posted in a conspicuous location shall state:
- "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>SAFETY EQUIPMENT (435.24)</i>		Yes	No	n/a
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.			
57	A rescue hook is provided for each outdoor, in-ground swimming pool.			
58	Each pool that is attended by lifeguards has at least:			
	(a) One rescue tube at each lifeguard station, and			
	(b) One backboard with straps at each pool.			
<i>FIRST AID EQUIPMENT AND EMERGENCY COMMUNICATION (430.25)</i>		Yes	No	n/a
59	An adequately-stocked first-aid kit is provided.			
60	An emergency communication system which provides convenient, immediate, and toll-free communication with emergency services is provided.			
<i>WASTE WATER AND BACKWASH WATER DISPOSAL (435.26)</i>		Yes	No	n/a
61	The water drained from each pool is dechlorinated prior to discharging.			
62	The water drained from pools is not discharged into any storm drain owned or operated by the Town of Wrentham.			
63	Backwash water from diatomaceous earth filters is discharged through a separation tank.			
<i>CHEMICAL STANDARDS (435.29)</i>		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.			
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.			
<i>WATER TESTING EQUIPMENT (435.30)</i>		Yes	No	n/a
66	A DPD test kit is provided and maintained in good repair, replaced annually, with an adequate supply of reagents.			
67	For each special purpose pool, an accurate unbreakable thermometer is provided.			
<i>WATER CLARITY (435.31)</i>		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.			
<i>WATER QUALITY MAINTENANCE (435.32)</i>		Yes	No	n/a
69	Clarity and cleanliness of water is maintained by continuous recirculation through an appropriate filtration system.			
70	Each special purpose pool is drained, cleaned, and refilled a minimum of once every 14 days, LOG ON FILE.			
<i>MAXIMUM OPERATING TEMPERATURES FOR SPECIAL PURPOSE POOLS (435.33)</i>		Yes	No	n/a
71	The water temperature of special purpose pools does not exceed 104°F.			
72	The water temperature of each special purpose pool is measured and recorded when pH and residual disinfectant are tested.			

<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.			
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.			
<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 and the local Board of Health.			
<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.			
<i>OTHER ITEMS</i>		Yes	No	n/a
77	_____			
78	_____			
79	_____			
80	_____			

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._____	

