

SWIMMING FACILITY

2016 SAFETY PLAN

This statement is confirmation that the swimming pool/bathing beach Safety Plan submitted by _____ located in the Town/City of _____, accurately represents the policies and procedures that will be implemented for the 2016 season and that this plan will be kept on file at the pool/beach during the operating season.

Any and all changes to the safety plan will be submitted in the form of a written addendum to the Dutchess County Department of Behavioral & Community Health thirty (30) days prior to pool/beach operation.

Operator's signature: _____

Dated: _____

Return completed form to:

Dutchess County Dept. of
Behavioral & Community Health
Attn: Environmental Health
Services 85 Civic Center Plaza,
Suite 106 Poughkeepsie, N.Y.
12601

Questions? Call (845) 486-3404