

Written Notification for Supervision of Bathing Facilities at Temporary Residences & Campgrounds

Facility Name: _____ Owner/ Operator: _____

Facility Address: _____ County: _____

Effective November 15, 2000, Subparts 6-1, Swimming Pools and 6-2, Bathing Beaches, of the New York State Sanitary Code allow temporary residence or campground operators to select the level of supervision to be provided at their pool and/or beach. (Exception: Supervision Level I must be provided at ocean surf beaches.) **When Supervision Level III or IV is selected, use of a temporary residence or campground bathing facility by persons other than registered overnight patrons of the facility or their guests is prohibited.** Each temporary residence and campground operator must notify the permit-issuing official (PIO) in writing of the level of supervision they will use at their bathing facility. Operators who subsequently want to change the level of supervision they are providing must again notify their PIO in writing of the proposed change at least 15 days prior to making the change.

Note: If, as a result of this code amendment, you change the way you supervise your bathing facility and/or the procedure used to notify guests of the supervision level provided, you must submit a revision of your written safety plan to the PIO.

SECTION A

Effective date of supervision level: _____

What level(s) of supervision will be used? **Circle all that apply.**

(II a)
"Pool Only" Lifeguard

(II b)
"Pool/Beach" Lifeguard

(III)
Responsible Person

(IV)
Sign Option

Please complete Section B if different types of supervision will be used to cover different operating conditions; e.g., pool/beach is used by other than registered overnight patrons, lifeguards provided during times of heavy use, etc.

SECTION B

Describe your plan for informing the patrons who use your bathing facility of the level of supervision in effect during different operating conditions; e.g., different signs posted at the pool or beach, brochures distributed with schedule telling the type of supervision provided, etc. Additional space is provided on the reverse side.

Name/Title of Person Completing Form

____/____/____
Date

Return to Local Health Department:

