



**POOL/BEACH SAFETY PLAN  
STATEMENT**

Pool/Beach Name: \_\_\_\_\_

Location (Town/City): \_\_\_\_\_

Pool/Beach Operator's Name: \_\_\_\_\_

This statement is confirmation that the written Swimming Pool/Bathing Beach Safety Plan which has been submitted to the Department of Behavioral & Community Health (DBCH) and received approval prior to the current season accurately represents the policies and procedures that will be implemented for the current year, and **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 DBCH (30) thirty days prior to Pool/Beach operation.

\_\_\_\_\_  
Operator's signature:

\_\_\_\_\_  
Date

Return to: Department of Behavioral & Community Health  
Environmental Health Services  
85 Civic Center Plaza - Suite 106  
Poughkeepsie New York 12601