



Facility ID#

Aquatic Facility Self-Management Application

GENERAL INFORMATION

Facility Name:	SNHD Permit Number(s):
Facility Address:	Owner Name:
Contact Name:	Contact Phone Number:
Contact Email Address:	Date of Request:

Submission Instructions

Purpose and Scope:

The 2018 SNHD Aquatic Facility Regulations Appendix A outlines the Facility Self-Management Program, whereby aquatic facilities associated with residential living units may apply to self-manage their aquatic venues. Approved participants must be able to demonstrate that they can satisfactorily manage the health and safety of their facilities to avoid operating with an imminent health hazard condition.

Qualifications and Requirements:

Satisfactory inspection history for a period of the previous two years with no imminent health hazards must be demonstrated for the facility, facility management, ownership, and operators/pool service companies. Facilities must not have inspection activity (including complaints and accident investigations) resulting in a closure of the facility by SNHD. Complete and accurate operating records must be maintained.

In addition to the application, ownership and management history must be provided if it has changed within the last two years.

Facilities must provide a six (6) month maintenance history, including aquatic venue operating records.

Review and Maintaining Compliance:

After review of the application, a site visit will be scheduled to review the requirements with the facility. Outstanding compliance items must be addressed prior to approval.

Approved facilities must provide copies of Aquatic Venue maintenance records and self-inspection checklists on a quarterly basis for review.

Changes in facility management, facility ownership, or qualified operators must be submitted to SNHD within 30 days.

Any facility participating in the Self-Management program is subject to the full extent of the SNHD Aquatic Facility Regulations and is not exempt from inspection activity by SNHD. SNHD will perform inspections of the subject property upon any receipt of complaints, drowning or diving accident notification, or as necessary if it is determined that compliance with the regulations is not being maintained. If non-compliance is demonstrated, status will be reviewed and potentially revoked.



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Facility Self-Management Program - All information below **MUST** be provided or your application will not be processed.

Facility Type

- Apartment Community
- Homeowner’s Association
- Condominium Community
- Cooperative Living Community
- Townhouse Community
- Other Residential Facility Type

1. **Date of most recent sale of the property** (if applicable):

2. **Date of most recent transfer of property management** (If applicable):

3. **Property management company/community manager name:**

4. **Qualified Operator/Pool Company name** (list all certified individuals servicing the property):

5. **Has the AQUATIC FACILITY been closed by SNHD as a result of an inspection, accident investigation, or complaint investigation within the last two years?** (if yes, indicate dates)

6. **Has the PROPERTY MANAGEMENT COMPANY had any associated aquatic facility closed by SNHD as a result of an inspection, accident investigation, or complaint investigation within the last two years?** (if yes, indicate dates and facility names)

7. **Has the QUALIFIED OPERATOR/POOL COMPANY had any associated aquatic facility closed by SNHD as a result of an inspection, accident investigation, or complaint investigation within the last two years?** (if yes, indicate dates and facility names)

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8. Has the FACILITY OWNER had any associated aquatic facility closed by SNHD as a result of an inspection, accident investigation, or complaint investigation within the last two years? (if yes, indicate dates and facility names)

9. How will the facility successfully demonstrate that health and safety of the aquatic venues is maintained and that conditions leading to the creation or presence of an imminent health hazard will not be created? Use additional sheet if necessary

Use additional sheet if necessary

SUPPORTING DOCUMENTS – Include any additional documentation needed to support your request.

- Operational Plans
- Lifeguard Plans
- Patron Rules
- Hours of operation
- Maintenance schedules
- Maintenance Records
- Water quality studies
- Self-Inspection Checklists
- Other

Appendix A: 5-1601 Subject to Regulations

Any facility in the program is subject to the requirements of the Aquatic Facility Regulations, sections 1-1 through 5-13, inclusive, and must successfully demonstrate that ongoing compliance is met. Failure to meet compliance of the Aquatic Facility Regulations could result in revocation of program status

Signature _____ Date _____
 Owner or authorized representative (documentation required)