

DFRS-BFRB-014.docx (rev. 04/2024) Wisconsin Department of Agriculture, Trade and Consumer Protection Division of Food and Recreational Safety PO Box 8911 Madison, WI 53708-8911 Phone: (608) 224-4683 Fax: (608) 224-4710

## VGBA Drain and Equalizer Cover Replacement Log

Wis. Admin. Code ch. ATCP 76

| USE ONE LOG SHEET FOR EACH BASIN |   |                                    |                      |                                    |  |                         |  |   |
|----------------------------------|---|------------------------------------|----------------------|------------------------------------|--|-------------------------|--|---|
| POOL NAME:                       |   |                                    |                      | LICENSE NUMBER:                    |  |                         |  |   |
| POOL LOCATION:                   |   |                                    |                      | POOL TYPE (SWIM, ACTIVITY, WHIRL): |  |                         |  |   |
| Date of<br>Installation          | Location of<br>cover(s)<br>(eg, floor, wall)<br>installed | Number of<br>cover(s)<br>installed | Manufacturer<br>Name | Manufacturer Model Number          | Date Indicator<br>(stamp or similar)<br>Indicate whether<br>2008 or 2017 | Life<br>Span<br>(years) | Gallons<br>per minute<br>(gpm)<br>rating | Initials: I certify that the<br>drain cover(s) were<br>installed according to<br>manufacturer instructions,<br>including gpm rating |
|                                  |   |                                    |                      |                                    |  |                         |  |   |
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Completion of this form is recommended to meet recordkeeping requirements. Failure to keep accurate records is subject to compliance action under Wis. Admin. Code ch. ATCP 76. This form contains personally identifiable information, which may be used for purposes other than that for which it was intended. Wis. Stat. § 15.04(1)(m).