**AQUATIC SAFETY Plan**

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| --- | --- |
| Facility Name: | Phone: |
| Facility Street Address: | City: | State: | Zip: |
| Contact Person/Person in Charge: |  | Phone: |

|  |  |
| --- | --- |
| **Contents:** | **Date Last Updated** |
| Pool Areas Staffing Plan |  |
| Accredited Lifeguard Plan |  |
| Lifeguard Staffing Plan |  |
| Emergency Action Plan |  |
| Biohazard Action Plan |  |
| Accidental Chemical Release Plan |  |
|  |  |
| Lifeguard Certifications |  |
| Training Acknowledgements  |  |
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This Aquatic Safety Plan shall be readily accessible to all responsible individuals and will be kept at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Optional) Additional copy is located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_