

APPROVED BY

DATE: \_\_\_\_\_

California Department of Public Health
AB 1020 Compliance Form
Health and Safety Code Section 116064.2

OFFICE USE ONLY

NOTE: Use one form for each pump or multiple pumps under the same suction fitting.

THIS FORM IS INVALID IF ALL SECTIONS ARE NOT COMPLETED.

This form is to be used to verify compliance with modifications pursuant to the new suction hazard prevention law. Under Section 116064.2 of the Health and Safety Code, effective January 1, 2010, the owner of a public swimming pool shall file this form within 30 days following completion of suction hazard prevention modifications.

Site Information

Facility Name: \_\_\_\_\_ Pool Identification (if more than 1 pool/spa at site): \_\_\_\_\_
Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Owner Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Pump Information

Recirculation Pump Jet / Booster Pump
Other Pump Feature Pump
Make/Model \_\_\_\_\_ H.P. \_\_\_\_\_ Make/Model \_\_\_\_\_ H.P. \_\_\_\_\_
Make/Model \_\_\_\_\_ H.P. \_\_\_\_\_ Make/Model \_\_\_\_\_ H.P. \_\_\_\_\_

Main Drain (all suction fittings other than skimmer equalizer lines)

Manufacturer of approved suction fitting: \_\_\_\_\_ Model Number: \_\_\_\_\_ Install date \_\_\_\_\_
GPM rating: Floor \_\_\_\_\_; Wall \_\_\_\_\_ Installed on Floor Wall
Manufacturer of approved suction fitting: \_\_\_\_\_ Model Number: \_\_\_\_\_ Install date \_\_\_\_\_
GPM rating: Floor \_\_\_\_\_; Wall \_\_\_\_\_ Installed on Floor Wall Main drain/Jet suction pipe size is \_\_\_\_\_ inches.

- Single drain - Not unblockable (one of the following secondary devices required: SVRS / Suction limiting vent / gravity drainage / auto pump shut-off/ other approved device by enforcement agency)
Type of secondary device installed: \_\_\_\_\_
Manufacturer of approved device: \_\_\_\_\_ Model/Part Number: \_\_\_\_\_
SVRS bears the following performance standard markings:
"ATSM F2387" "ASME/ANSI standard A 112.19.17"
Single drain - Unblockable (size and shape that a human body cannot sufficiently block to create a suction entrapment)
Dual main drain(s) (Minimum 3 ft. between covers, hydraulically balanced and symmetrically plumbed)

Skimmer Equalizer line(s)

Manufacturer of approved suction fitting: \_\_\_\_\_ Model Number: \_\_\_\_\_ Install date \_\_\_\_\_
GPM rating: GPM rating: Floor \_\_\_\_\_; Wall \_\_\_\_\_ Installed on Floor Wall
Skimmer equalizer line(s) pipe size were found to be \_\_\_\_\_ inches # of Skimmers: \_\_\_\_\_
Single equalizer line Skimmers are connected with single line to pump.
Dual Skimmer equalizer line(s) Skimmers are separately valved before pump and can be isolated.

THE ABOVE HAS BEEN FIELD VERIFIED TO COMPLY WITH MANUFACTURER'S INSTALLATION REQUIREMENTS BY THE INSTALLER.

I declare that I hold an active California State Contractor license # \_\_\_\_\_ with classification \_\_\_\_\_ or California State Professional Engineer license # \_\_\_\_\_, with qualified experience working on public swimming pools and that the information provided above is true to the best of my knowledge.

Contractor/Engineer Name: \_\_\_\_\_ Company Name: \_\_\_\_\_
Company Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Contractor/Engineer Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_
Contractor/Engineer FAX Number: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor/Engineer Signature Contractor/Engineer name (PRINT) Date

For a complete text of the law, visit:
http://info.sen.ca.gov/pub/09-10/bill/asm/ab\_1001-1050/ab\_1020\_bill\_20091011\_chaptered.pdf