San Bernardino County Environmental Health
385 N. Arrowhead Ave., San Bernardino CA 92415-0160
(909) 884-4056

Anti-Entrapment Devices and Systems for Public Pools and Spas

AB 1020 Compliance Form

Health and Safety Code Section 116064.1 and 116064.2

OFFICE USE ONLY	**Approved by:**
FA #_____	_____
PR #_____	Date_____

NOTE: Use one form for each pump or multiple pumps under the same drain cover.

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

This form is to be used to verify compliance with modifications pursuant to the new Health and Safety Code sections 116064.1 and 116064.2. Under Section 116064.2(a) 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 the completion of construction or installation of anti-entrapment devices or systems in swimming pools. Contact San Bernardino County Environmental Health and the local Building Department for any necessary plan approval and permits prior to construction or remodel.

I. Site Information

Facility Name: _____ Pool Identification (if more than 1 pool/spa at site): _____

Facility Address: _____City: _____ St: _____ Zip: _____

Owner's Name: _____Owner's Phone Number: _____Email:_____

Owner's Address: _____City: _____St.: _____ Zip: _____

Pool constructed on or after January 1, 2010? ☐ Yes ☐No

II. Pump Information

☐ **Recirculation Pump**
Make/Model _____H.P_____

☐ **Jet / Booster Pump**
Make/Model _____H.P_____

☐ **Other Pump:**
Make/Model _____H.P_____

☐ **Feature Pump**
Make/Model _____H.P_____

III. Main Drain (Includes All Suction Outlets Except Skimmer Equalizer Lines)

Manufacturer of approved drain cover: _____ Model Number: _____Install date: _____

GPM rating: Floor_____ Wall: _____ Installed on ☐ Floor ☐ Wall

Manufacturer of approved drain cover: _____ Model Number: _____Install date: _____

GPM rating: Floor_____ Wall_____ Installed on ☐ Floor ☐ Wall Main drain/Jet suction pipe size is _____ inches.

Check One:

☐ Dual (split) main drain(s) (Minimum 3 ft. between covers, hydraulically balanced and symmetrically plumbed)
☐ Single drain – Unblockable (size and shape that a human body cannot sufficiently block to create a suction entrapment)
☐ Single drain – Not -Unblockable (one of the following secondary devices required: safety vacuum release system, suction limiting vent system, gravity drainage system, auto pump shut-off system, or other equally or more effective system approved by enforcement agency)

Type of secondary device installed: _____Install date_____

Manufacturer of approved device: _____ Model/Part Number: _____

Safety vacuum release system bears the following performance standard markings: ☐ ATSM F2387 ☐ ASME/ANSI standard A 112.19.17

Date the main drain was split if it was not part of the original construction:_____

IV. Skimmer Equalizer Line

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 Number of Skimmers: _____

V. 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. I understand that if I improperly certify this information, I shall be subject to potential disciplinary action at the discretion of the licensing authority in accordance with California Health & Safety Code Section 116064.2.

Contractor/Engineer Name: _____ **Company Name:** _____

Company Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contractor/Engineer Phone Number: _____ **Cell Phone Number:** _____

Contractor/Engineer FAX Number: _____**Email:** _____

_____	_____	_____
Contractor / Engineer Name (PRINT)	**Contractor / Engineer Name (SIGNATURE)**	**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**

INSTRUCTIONS FOR FILLING OUT THE AB 1020 COMPLIANCE FORM

- **Use one form for each pump or multiple pumps under the same drain cover. For example, a spa with a recirculation pump and a jet pump each with their own set of split drains that terminate under a different drain cover will require two forms. However, two pumps with split drains that terminate under the same drain cover will require only one form. A minimum of one form will be required for each pool and spa.**
- **All sections of the form must be completed.**
- **Print legibly.**

I. Site Information

A. Facility name – name of facility or DBA (e.g. Elk Grove HOA, ABC Apartments).
B. Pool Identification – description of the pool which will identify it when there is more than one pool on the property. (i.e: club house pool, spa next to office, etc.)
C. Facility Address – address, city, state and zip code of the facility where the pool or pools are located.
D. Owner's name – owner, home owner association or corporation name.
E. Owner's address – address, city, state, zip, telephone number of the owner or home owner association.
F. Owner's email address- electronic address where information can be received.
G. Indicate if the pool was constructed on or after January 1, 2010.

II. Pump information

A. Indentify the type of pump that is connected to the drain. If two pumps terminate under one set of split drains (e.g. one side of a split suction drain is used for both a recirculation pump and a jet pump), describe both pumps. For each pump, provide the make, model number and horsepower. Remember; complete a separate compliance form if the additional pump is connected to a different drain cover.

III. Main drain (Includes All Suction Outlets Except Skimmer Equalizer Lines)

A. Provide the manufacturer; make and model; and the date the drain cover was installed.
B. Provide the floor and wall flow rating in gallons per minute for the drain cover. **Note:** If there are two different drain covers (e.g. one on the wall and one on the floor), there is space on the compliance form to complete drain cover information for each drain.
C. Indicate the size of the pipe terminating at the main drain or jet suction.
D. Check a box to indicate the configuration of the drain.
   1. **Dual (split) Main Drains** - means there are two drains that are hydraulically balanced and symmetrically plumbed and are separated by a distance of at least three feet in any dimension between the suction outlets.
   2. **Single Drain - Unblockable** means there is one drain approved to be unblockable so that a human body cannot sufficiently block it to create a suction hazard.
   3. **Single Drain – Not- Unblockable** - means there is a single drain which can be sufficiently blocked by a human body to create a suction hazard. This type of drain must be protected by an approved safety vacuum release system or other equally or more effective system. Provide the type of device installed, manufacturer, model and indicate which type of performance standard is marked on the device (ASTM F2387 or ASME/ANSI standard A112.19.17).
E. Provide the date the main drain was split if it was not part of the original pool construction.

IV. Skimmer Equalizer line(s)

A. Provide the manufacturer; make and model; and the date the drain cover was installed. Equalizer lines are typically installed approximately 18 inches below the mouth of the skimmer in the sidewall of the swimming pool
B. Provide the floor and wall flow rating in gallons per minute for the drain cover. Note: If there are two different drain covers (e.g. one on the wall and one on the floor), there is space on the form to complete drain cover information for each drain.
C. Indicate the size of the skimmer equalizer line pipe.
D. Indicate the number of skimmers.

V. Contractor's Certification Section

A. Enter a valid California State Contractor's license number.
B. Enter the Contractor's license classification (i.e. C53, C36 "A",C61/D35 "A")
C. Enter the California State Professional Engineer's license number, if applicable.
D. Enter the Contractor's / Engineer's name and the company they are working for.
E. Enter the company address, city, state, zip code, telephone number, cell phone number, fax number and email for the Contractor / Engineer.
F. Print the name of the Contractor / Engineer.
G. The Contractor/Engineer must sign the form.
H. Enter the date the form was signed.

Return the completed form to:

San Bernardino County Environmental Health
385 N. Arrowhead Ave., San Bernardino, CA 92415-0160
For more information, please see our website at sbcounty.gov/ehlus or call (909) 884-4056