



Department of Health
Sherlita Amler, MD
Commissioner of Health

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH PROTECTION**

NOTICE

BATHING FACILITY OPERATORS
“CERTIFICATION THAT BATHING FACILITY SAFETY PLANS ARE UP-TO-DATE”

Bathing facilities that qualify for filing a “Certification that Bathing Facility Safety Plans Are Up-To-Date” form can use this procedure in place of resubmitting safety plans. A bathing facility operator must have a clear understanding of what safety plans consist of, their purpose and legal implications before they proceed with this certification.

The New York State Sanitary Code requires every bathing facility operator to maintain current safety plans and update them annually if necessary. The operator may, depending upon the present operation, certified personnel, or whether it has undergone changes since the last bathing season, compare present conditions with the existing written plans and then submit this certification or revised written plans if justified.

To qualify, please refer to Section 6-1.23(c) for Swimming Pool Safety Plans and Section 6-2.17(c) for Bathing Beach Safety Plans of the New York State Sanitary Code, and determine if any of the required components constituting a safety plan are affected because the facility of operation has undergone change. Revised plans must be submitted to the Westchester County Department of Health if alterations to the operation will in any way cause the existing approved plans to be incomplete or non-representative. On the contrary, if the conditions are unchanged, then you may certify that the bathing facility plans are current by completing the statements on the back of this form and mailing it to the district office covering the area in which your bathing facility is located.

4/11



WESTCHESTER COUNTY DEPARTMENT OF HEALTH

CERTIFICATION THAT BATHING FACILITY PLANS ARE UP-TO-DATE

DATE: _____

BATHING FACILITY NAME: _____

I.D. NUMBER: _____

ADDRESS: _____

(Signed)

SWIMMING POOL SAFETY PLAN (Complete if Applicable)

I, _____, _____ hereby certify
(Name) (Title)
according to the New York State Sanitary Code, Section 6-1.23(c)
of Subpart 6-1 that there are no changes, or additions to
procedures for the operation and/or maintenance of
_____ for the current bathing
(Name)
season _____.

(Signed)

BATHING BEACH SAFETY PLAN (Complete if Applicable)

I, _____, _____ certifying according
(Name) (Title)
to the New York State Sanitary Code, Section 6-2.17 (c) of Subpart
6-2 that there are no changes, or additions to procedures for the
operation and/or maintenance of _____
(Name)
for the current bathing season _____.

(Signed)