**AQUATIC SAFETY PLAN**

Staff Acknowledgment

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the date that you initially reviewed the relevant portions of the Aquatic Safety Plan that apply to your assigned role(s). If a section does not apply to you, please indicate as not applicable (N/A).

Aquatic Safety Plans are to be reviewed and revised annually. Please add dates of your annual review.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Plan** | **Initial Date Reviewed** | **Annual Review Dates** | | | |
| POOL AREAS STAFFING |  |  |  |  |  |
| ACCREDITED LIFEGUARD |  |  |  |  |  |
| LIFEGUARD STAFFING |  |  |  |  |  |
| EMERGENCY ACTION |  |  |  |  |  |
| BIOHAZARD ACTION |  |  |  |  |  |
| ACCIDENTAL CHEMICAL RELEASE |  |  |  |  |  |

**Acknowledgement:** “I understand my assigned role(s) in the above plans and have received the necessary training to perform each task required by my role(s).”

Please sign below each year that you reviewed the plans.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_