

Lifeguard Recordkeeping Checklist

UCM Environmental Health & Safety
5200 N Lake Rd. Merced, CA 95343
(209) 228-2255

KEEP FORMS & RECORDS
FOR AT LEAST 2 YEARS

Need Assistance? If help is needed in completing this form, call Environmental Health & Safety at (209) 228-2255.

Site Name:	Program Record No. (Environmental Health Office Use):	
Street Address, City, State and Zip Code:		
Owner:		
Pool Operator:	Telephone No.	Operating Year:
<u>SAFETY EQUIPMENT:</u>		
<input type="checkbox"/> Red Cross 10-Person Industrial First Aid Kit or the equivalent <input type="checkbox"/> Operating telephone <input type="checkbox"/> Backboard and head immobilizer <input type="checkbox"/> Life ring with throw rope <ul style="list-style-type: none"> • 17-inch minimum exterior diameter • Attached minimum 3/16-inch diameter throw rope • Rope length to span the maximum width of the pool • Stored in such a way as to prevent kinking or fouling. 		<input type="checkbox"/> POOL IS OVER 75FT IN LENGTH OR 50FT IN WIDTH and retains an additional rescue pole and life ring on at least two opposing sides of the pool at centralized locations. <input type="checkbox"/> N/A – Pool of smaller dimension (additional rescue equipment not required)
<input type="checkbox"/> Rescue pole <ul style="list-style-type: none"> • 12-foot-minimum fixed-length • With a permanently attached body hook. 		<p style="text-align: center;"><i>Consult with enforcing agent:</i></p> <input type="checkbox"/> One or more paddle boards or square-sterned boats equipped with oars, oarlocks, and life rings. <input type="checkbox"/> Not required following consultation with enforcing agent.
Condition of Safety Equipment: <input type="checkbox"/> Life ring, throw rope, & grab-line in good repair <input type="checkbox"/> Rescue pole with fixed hook <input type="checkbox"/> Rescue Equipment accessible		
<u>SWIMMING APPAREL:</u>	<u>SURVEILLANCE:</u>	
<input type="checkbox"/> Lifeguard apparel provided	<input type="checkbox"/> Operating procedures available to ensure lifeguards maintain continuous surveillance of the pool users.	
<u>REPORTING REQUIREMENT:</u>		
<ul style="list-style-type: none"> • If two or more <i>lifeguards</i> report within 5 days of each other that they have had diarrhea, the pool operator shall report this to the enforcing agent. <i>Section 65541, Title 22, CCR, DIVISION 4.</i> • Refer to <i>Reportable Waterborne Illness Form</i>. 		

CERTIFICATION:

Lifeguard (1) – Name:	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
Lifeguard (2) – Name:	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
Lifeguard (3) – Name:	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
Lifeguard (4) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
Lifeguard (5) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
Lifeguard (6) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____

Lifeguard (7) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
Lifeguard (8) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
Lifeguard (9) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
Lifeguard (10) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
Lifeguard (11) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
Lifeguard (12) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____

Lifeguard (13) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
Lifeguard (14) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
Lifeguard (15) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
Lifeguard (16) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
Lifeguard (17) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
Lifeguard (18) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____

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Lifeguard (19) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
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Lifeguard (20) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
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Lifeguard (21) - Name	Accreditation: <input type="checkbox"/> Red Cross (lifeguarding) <input type="checkbox"/> YMCA (lifeguard) <input type="checkbox"/> Other: _____(provide document of accreditation/equivalent qualification) Date of Expiration: ____/____/____
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(For additional lifeguards, provide a continuation sheet)

Comments:
