

Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Food and Recreational Safety
PO Box 8911, Madison, WI 53708-8911

Phone: (608) 224-4720 Fax: (608) 224-4710

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LIFEGUARD STAFFING PLAN

ESTABLISHMENT INFORMATION

Wis. Admin. Code § ATCP 76.22

The owner or operator of a pool, including a whirlpool over four feet deep and a pool with a visual obstruction, and the owner or operator of a water attraction or water attraction complex, shall submit a written, proposed lifeguard and attendant staffing plan to the department or the department's agent for approval. The owner or operator shall keep a copy of the plan at the pool. Failure to maintain an approved plan is subject to enforcement action under Wis. Stat. ch. 97 and Wis. Admin. Code ch. ATCP 76. Personally identifiable information you provide may be used for purposes other than that for which it was collected. Wis. Stat. §15.04 (1)(m).

| FACILITY / ESTABLISHMENT NAME | | WI LICENSE NUMBER | PHONE | | |
|--|----------------------------------|-------------------|-------------|-------------|--|
| FACILITY / ESTABLISHMENT STREET ADDRESS | CITY | | STATE ZIP | | |
| LEGAL LICENSEE NAME (Name of sole proprietor, partnership | LLC, LLP, or Inc.) EMAIL ADDRESS | | PHONE () - | | |
| LICENSEE ADDRESS STREET | CITY | | STATE ZIP | | |
| CONTACT PERSON | | | | PHONE () - | |
| PLAN MUST INCLUDE ALL OF THE FOLLOWING INFORMATION for each period of use for the pool. Include a separate diagram for each use of the pool. For example, if the pool is used only for competitions at some times and for lap swim and water aerobics at another time, prepare two diagrams - one for when the pool is used for competitions and one for when it is used for lap swim and water aerobics. | | | | | |
| SQUARE FOOTAGE OF POOL, WATER ATTRACTION, AND WATER ATTRACTION COMPLEX (as applicable) THAT IS OPEN: | | | | | |
| AVERAGE AND MAXIMUM PATRON LOAD AVERAGE: MAXIMUM: | | | | | |
| NUMBER OF LIFEGUARDS OR ATTENDANTS ON DUTY PUF | RSUANT TO ATCP 70 | 5.23: | | | |
| METHOD OF COMMUNICATION WHEN TWO OR MORE ATTENDANTS OR LIFEGUARDS ARE REQUIRED FOR A WATER ATTRACTION: | | | | | |
| HOURS OF OPERATION FOR THIS USE OF THE POOL: | | | | | |
| Sunday: | | | | | |
| Monday: | | | | | |
| Tuesday: | | | | | |
| Wednesday: | | | | | |
| Thursday: | | | | | |
| Friday: | | | | | |
| Saturday: | | | | | |
| Note: To submit a lifeguard and attendant staffing plan to the department, or to determine which agent to submit a lifeguard and attendant staffing plan to, write to the address listed at the top of this form or phone (608) 224-4720. | | | | | |

| OPERATOR SIGNATURE | TITLE | DATE | | | | |
|--|-------|------|--|--|--|--|
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| SHADED AREA FOR OFFICE USE ONLY | | | | | | |
| 5.13.15.15.14.14.14.14.14.14.14.14.14.14.14.14.14. | | | | | | |
| APPROVED BY | TITLE | DATE | | | | |
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| INDICATE the following on a diagram below, for each use of the pool or pool area (if multiple pools in area): | | | | |
|---|--|--|--|--|
| Location of lifeguard stations and first aid stations | | | | |
| 2. Placement of attendants | | | | |
| a) For average patron capacity | | | | |
| b) For maximum patron capacity | | | | |
| 3. Placement of lifeguards | | | | |
| a) For average patron capacity | | | | |
| b) For maximum patron capacity | | | | |
| 4. Placement of chairs and stations | | | | |
| a) For average patron capacity | | | | |
| b) For maximum patron capacity | | | | |
| 5. All obstructions (items that might block lifeguard view of patrons) | | | | |
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