Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Food and Recreational Safety
PO Box 8911 Madison, WI 53708-8911
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VGBA Drain and Equalizer Cover Replacement Log

Wis. Admin. Code ch. ATCP 76

USE ONE LOG SHEET FOR EACH BASIN	
POOL NAME:	LICENSE NUMBER:
POOL LOCATION:	
POOL TYPE (SWIM, ACTIVITY, WHIRL):	

Date of Installation	Location of cover(s) (eg, floor, wall) installed	Number of cover(s) installed	Manufacturer Name	Manufacturer Model Number	Life Span (years)	Gallons per minute rating	Initials

Completion of this form is recommended to meet recordkeeping requirements. Failure to keep accurate records is subject to compliance action under Wis. Admin. Code ch. ATCP 76. This form contains personally identifiable information, which may be used for purposes other than that for which it was intended. Wis. Stat. § 15.04(1)(m).