

# Lifeguard Recordkeeping Checklist

Contra Costa County Environmental Health Division  
2120 Diamond Blvd. Ste. 200, Concord, CA. 94520  
(925) 692-2500 Fax (925) 692-2502 www.cchealth.org/eh

KEEP FORMS & RECORDS  
FOR AT LEAST 2 YEARS

Need Assistance? If help is needed in completing this form, call Contra Costa Environmental Health Division at (925) 692-2500 and ask for your district health inspector.

<b>Site Name:</b>	<b>Program Record No. (Environmental Health Office Use):</b>	
<b>Street Address, City, State and Zip Code:</b>		
<b>Owner:</b>		
<b>Pool Operator:</b>	<b>Telephone No.</b>	<b>Operating Year:</b>
<b><u>SAFETY EQUIPMENT:</u></b>		
<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"> <li>• 17-inch minimum exterior diameter</li> <li>• Attached minimum 3/16-inch diameter throw rope</li> <li>• Rope length to span the maximum width of the pool</li> <li>• Stored in such a way as to prevent kinking or fouling.</li> </ul> <input type="checkbox"/> Rescue pole <ul style="list-style-type: none"> <li>• 12-foot-minimum fixed-length</li> <li>• With a permanently attached body hook.</li> </ul> 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	<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)	
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;"><b><i>Consult with enforcing agent:</i></b></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.                 </div>		
<b><u>SWIMMING APPAREL:</u></b>	<b><u>SURVEILLANCE:</u></b>	
<input type="checkbox"/> Lifeguard apparel provided	<input type="checkbox"/> Operating procedures available to ensure lifeguards maintain continuous surveillance of the pool users.	
<b><u>REPORTING REQUIREMENT:</u></b>		
<ul style="list-style-type: none"> <li>• If two or more <b><i>lifeguards</i></b> report within <b>5 days</b> of each other that they have had diarrhea, the pool operator shall report this to the enforcing agent. <b><i>Section 65541, Title 22, CCR, DIVISION 4.</i></b></li> <li>• Refer to <i>Reportable Waterborne Illness Form</i>.</li> </ul>		

**CERTIFICATION:**

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

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

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

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

Comments:

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# Reportable Waterborne Illness Form – Public Pool

**Fax or send this document to Contra Costa Environmental Health within 24 hrs.**

Reporting Requirement: If two or more ***lifeguards*** or ***pool users*** report within **5 days** of each other that they have had diarrhea, the pool operator shall report this to the enforcing agent. ***Section 65541, Title 22, CCR, DIVISION 4.***

“Pool User” means a person using a public pool or ancillary facilities for the purpose of participating in or watching pool users engaged in water activities such as diving, swimming or wading.

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KEEP ALL FORMS & RECORDS FOR AT LEAST 2 YEARS

<b>Site Name:</b>	<b>Program Record No. (Environmental Health Office Use):</b>
<b>Street Address, City, State and Zip Code:</b>	When responding to external request for entire or partial sections of this document, determine whether redaction is required for HIPPA compliance.
<b>Owner:</b>	
<b>Pool Operator:</b>	<b>Telephone No.</b>

<b><u>Name of Reportedly Ill Individual (A):</u></b>	<b>Contact Information:</b>	(Check one): <input type="checkbox"/> Lifeguard <input type="checkbox"/> Pool User
		<b>Diagnosed By Medical Professional:</b>
		(Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been swimming in the past 14 days? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____		
Have you consumed foods and/or drinks from food establishments or common events within the past 72 hours? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____		
Did you drink any well water in the past 72 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____		
Did you visit a daycare facility or nursing home in the past 72 hours? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____		
<b><u>Name of Reportedly Ill Individual (B):</u></b>	<b>Contact Information:</b>	(Check one): <input type="checkbox"/> Lifeguard <input type="checkbox"/> Pool User
		<b>Diagnosed By Medical Professional:</b>
		(Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been swimming in the past 14 days? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____		
Have you consumed foods and/or drinks from food establishments or common events within the past 72 hours? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____		
Did you drink any well water in the past 72 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____		
Did you visit a daycare facility or nursing home in the past 72 hours? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____		

**(For additional individuals, provide a continuation sheet)**

**Comments:**

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