Oklahoma State Department of Health
MAIN DRAIN COVER WORKSHEET

Date: ___________________________  County: ___________________________  Permit Number: ___________________________  License Number: ___________________________

(Complete one form for each licensed public bathing place. Replacement of drain cover requires an additional method of suction entrapment protection.)

Facility Name: ___________________________
Facility Address: ___________________________
City, State, Zip: ___________________________
Contact Person: ___________________________
Phone Number: ___________________________  Fax: ___________________________
Email: ___________________________

Pool Type: □ Swimming Pool  □ Spray Pool  □ Other (describe) ___________________________
□ Wading Pool  □ Therapy Pool  □ Spa

Existing Drain Cover(s):
Single: ___________________________  Multiple: ___________________________  Other: ___________________________
(describe other)

For pools with multiple drain covers what is the separation distance: ___________________________
(Measured from the center of the covers)

Drain cover shape:
Round
□ 6”  □ 8”  □ 10”  □ Other
Square
□ 12” x 12”  □ 9” x 9”  □ 18” x 18”  □ Other

Other (describe) ___________________________

**Proposed modification(s) to drain covers**
(A single main drain requires an additional method of protection to prevent suction entrapment)

Make and model number of equipment to be installed, including type of drain covers and equipment for suction entrapment. Drain covers include all submerged suction outlets. This includes the main drain and skimmer equalizer pipe openings.  
(Note: If providing modifications, include skimmer equalizer pipe openings)

**Drain cover configuration changes: **
(Use the space below to sketch proposed modifications, if any, to the main drain system. Please include pipe diameter as well as drain cover size. For pools with multiple drains please indicate distance apart measured from the center of the covers.)

Please return completed form to your local county health department
This section to be filled out after work is complete.
(Please contact your local health department to verify the work completed.)

** Describe the changes made and attach supporting documentation such as copies of receipts for purchase of equipment installed, and pictures where available. Include skimmer equalizer line covers **

** Include number and dimensions of cover(s), pipe size if known, and the distance apart measured from the center of the covers. Note if skimmer equalizer lines have approved covers installed over the openings**

Use the space below to sketch the main drain ‘as built’