The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Environmental Health

Community Sanitation Program

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**Regulation 105 CMR 432.000 - Guidance Checklist**

**Municipal and Recreational Program or Camp Name:**

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**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Operator/Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_**

***Check if present:***

* Policies, procedures and records pursuant to 432.400 are current and readily available.
* Orientation plan for staff and volunteers includes compliance with 105 CMR 432.000.
* Training and certification for Certified Swim Instructors and Swim Assessors, including swim test observation and participation dates.
* Documentation of individuals successfully completing PFD fit test training.
* Current inventory of PFDs for use by designated non-swimmers and at-risk swimmers.
* PFDs readily available and in serviceable condition.
* If applicable, confirmation of third party provision of PFDs (e.g. – copy of contract).
* Storage facility (permanent/mobile) protecting PFDs from the elements and providing adequate ventilation.
* Swim ability determinations conducted for all minors and documented appropriately.
* Site-specific procedures to confine participants to areas consistent with their swimming abilities.
* If applicable, a procedure for managing PFDs provided by a parent or legal guardian.
* If applicable, a procedure for contacting a parent or legal guardian that provides a PFD that does not fit properly or is not in serviceable condition.
* Identification system utilized to verify non-swimmers and at-risk swimmers at swimming venue.