



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

# Lifeguard Staffing Plan

Wis. Admin. Code, ch. ATCP 76

**ATCP 76.22(1)(a) The owner or operator of a pool, including a whirlpool over 4 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.**

FACILITY / ESTABLISHMENT NAME		WI LICENSE NUMBER	PHONE: ( ) -	
FACILITY / ESTABLISHMENT ADDRESS STREET		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:**

SQUARE FOOTAGE OF POOL, WATER ATTRACTION, AND WATER ATTRACTION COMPLEX (as applicable)	AVERAGE AND MAXIMUM PATRON LOAD Average: _____ Maximum: _____
NUMBER OF LIFEGUARDS OR ATTENDANTS ON DUTY PURSUANT TO ATCP 76.23	METHOD OF COMMUNICATION WHEN 2 OR MORE ATTENDANTS OR LIFEGUARDS ARE REQUIRED FOR A WATER ATTRACTION
PLEASE <u>ATTACH</u> A DIAGRAM OF THE FACILITY INDICATING:  1. 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. Include <u>all</u> obstructions	HOURS OF OPERATION:  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** address listed at the top of the form **or phone** (608) 224-4720.

OPERATOR SIGNATURE	TITLE	DATE
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**SHADED AREA FOR OFFICE USE ONLY**

APPROVED BY:	TITLE	DATE
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