



DDS Water Safety Plan

Instructions: A Water Safety Plan must be completed and approved prior to each aquatic activity. Use the individual's Aquatic Activity Screening or Swim Assessment as a guide to complete this form. Swim assessments will be discontinued 9/09.

Aquatic Activity

<p>Check all applicable to the location destination</p> <input type="checkbox"/> Proximal to Water (locations with water, no swim or water contact intended) Specify:	<p>Reoccurring Aquatic Activity</p> <p>One Water Safety Plan may be submitted for an IDENTICAL activity that is reoccurring (i.e. weekly swimming) provided the information is identical from one week to the next (same individuals, same staff, location, etc.). All planned dates must be on this form.</p> <p>Reoccurring aquatic activity? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, how often?</p> <p>All planned activity dates:</p>
<input type="checkbox"/> Swimming - pool <input type="checkbox"/> Swimming - ocean <input type="checkbox"/> Swimming: <input type="checkbox"/> lake <input type="checkbox"/> pond <input type="checkbox"/> Shore Fishing <input type="checkbox"/> Boating (private motorboat, canoeing, rowboat, etc.) <input type="checkbox"/> Boating (commercial – charter, ferry, cruise, etc.) <input type="checkbox"/> Water Park (water rides, slides, tubing, etc.) <input type="checkbox"/> Ice skating (plan not needed for rinks) <input type="checkbox"/> Hot tub (Dr.'s Order Mandatory)	

Activity Information

Home/Program: Activity Date:

Town: Start Time: End time:

Activity Location: Phone number:

Activity Address: Activity Town:

Have you ever been to this location before? YES NO

+ SAFETY PROVISIONS (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Lifeguard on duty | <input type="checkbox"/> Public facilities | <input type="checkbox"/> Meets minimum individual to staff ratio for all |
| <input type="checkbox"/> Public phones ☎ | <input type="checkbox"/> Shelter △ | <input type="checkbox"/> Sunscreen ☀ |

Name of Each Individual Participating	Name of corresponding Staff/Title who will be supervising each individual.	Planned Aquatic Activity Is Approved on Individual's Aquatic Activity Screening	Required Staff to Individual ratio(i.e. 1:3)
		<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	

Staff/Volunteers Attending	Staff Swim Ability	Current DDS Water Safety Training / Date
	<input type="checkbox"/> non-swimmer <input type="checkbox"/> comfortable swimmer <input type="checkbox"/> lifeguard/WSI	<input type="checkbox"/> no <input type="checkbox"/> yes/date:
	<input type="checkbox"/> non-swimmer <input type="checkbox"/> comfortable swimmer <input type="checkbox"/> lifeguard/WSI	<input type="checkbox"/> no <input type="checkbox"/> yes/date:
	<input type="checkbox"/> non-swimmer <input type="checkbox"/> comfortable swimmer <input type="checkbox"/> lifeguard/WSI	<input type="checkbox"/> no <input type="checkbox"/> yes/date:
	<input type="checkbox"/> non-swimmer <input type="checkbox"/> comfortable swimmer <input type="checkbox"/> lifeguard/WSI	<input type="checkbox"/> no <input type="checkbox"/> yes/date:

Name Of Person Completing Form / Title: Date of request:

Reviewed by immediate supervisor/shift charge: Date:

Activity IS approved as submitted Activity is NOT approved Approved with modifications