NET HEALTH
NORTHEAST TEXAS PUBLIC HEALTH DISTRICT

NEW SITE

Public Swimming Pool and Spa Training Course

Required in Smith County for Public Swimming Pool/Spa Owner/Operator

Pre-Registration

When: **April 12, 2019**

Where: **Tyler Junior College West Campus (RTDC)**
1530 SSW Loop 323, Tyler TX 75701

Fee: **Registration: $65.00**

8:00 a.m. – 8:30 a.m. **Sign In and Welcome**

8:30 a.m. – Noon **Swimming Pool and Spa Operations**
Design and Maintenance/Fencing Requirements/Pool Markings
Water Chemistry and Safety Equipment/Signage
Public Interactive Water Features
Rules and Regulations – District Order 2013-1

The NET Health District Order 2013-1 provides for the inspection and permitting of public swimming pools and spas in Smith County. Training is a critical part of the process. The owner of a public swimming pool or spa in Smith County must have at least one person responsible for the facility that has attended an annual training provided by or approved by the NET Health. The training will include an overview of the design and maintenance of public swimming pools and spas, operation requirements for water chemistry and documentation, signage requirements, fencing requirements, safety issues to include entrapment hazards and equipment, as well as the state and local regulations for public swimming pools and spas.

Upon completion of the training a certificate will be issued to the participant. Additional training courses will be provided as needed with at least three per year presented. An individual may also receive a certificate by attending a training course approved by the NET Health. Upon presenting the credentials of the course, the individual may pay the $65.00 and register in the system. A registry will be maintained by the NET Health. Thank you for your commitment to public health.

Public Swimming Pool and Spa Registration Form for April 12th, 2019 Course

Must Pre-Register– Enclose check or money order- No On-site Registration

Registration: Please print clearly this helps for printing Certification Forms.

Last Name: **First Name:**

Establishment:

Establishment Address:

Date of Birth_____ Phone #_____ Gender: Male____ Female____

Fee: $65.00 Method of Payment: _____ Make Checks Payable to NET Health

Please complete and return to NET Health, 815 N. Broadway, Tyler TX 75702
Questions: 903-535-0037 or visit web site www.mynethealth.org for regulations.

Registration fees will not be refunded.