



Creating
a State
of Health

**PROTECTIVE
HEALTH
SERVICES**

Oklahoma State Department of Health
Occupational Licensing Division
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**PUBLIC BATHING PLACE FACILITY
Proposal for New Equipment or Method**

The policy of the Department is to not discourage or obstruct progress in design. This form may be used to request consideration of new equipment or a new method not currently addressed in Title 63 § 1-1013 et seq. and/or Oklahoma Administrative Codes 310:315 and 310:320. A separate proposal must be submitted for each separate public bathing pool/spa/etc.

Proposal should be submitted with plan review application.

I) FACILITY INFORMATION

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____ County: _____

II) CITATIONS OF PUBLIC BATHING PLACE STANDARDS

Cite the specific Public Bathing Place Standards (Title 63 § 1-1013; O.A.C. 310:315; O.A.C. 310:320) section(s) relevant to this proposal:

III) REFERENCED TRIAL(S)

Per section 310:315-3-1(e) of the [Oklahoma Public Bathing Place Facility Standards](#), this form **must** demonstrate previous qualified trials of the proposed methods and/or equipment.

A) Nature / Description of previous qualified trials:

Include Supporting Documentation of Trial(s)

B) References and Contact Information of Those Currently Utilizing Proposed Equipment/Methods:

IV) ADDITIONAL INFORMATION

A) Is this proposal related to an occasional experimental or test installation with adequate impartial supervision? Yes No

If Yes, provide a written agreement with references that include provisions for replacement of equipment, materials, or changes in design in the event of failure.

B) Are public funds involved? Yes No

If Yes, provide proof that agreement is backed by a satisfactory guarantee bond, sufficient in amount to provide for the replacement of unsatisfactory materials or equipment plus any and all additional costs occasioned by changes in design or construction, etc., arising from such replacement.

IV) ENGINEER INFORMATION

Engineer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Primary Phone: _____ Alternate Phone: _____

E-mail Address: _____ Official Stamp: _____

Signature: _____

Date Signed: _____



IV) OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

E-mail Address: _____

Signature: _____ Date Signed: _____

*******OSDH AGENCY USE ONLY BELOW THIS POINT. DO NOT COMPLETE.*******

NEW METHOD/EQUIPMENT: APPROVED DENIED (EXPLAIN BELOW):

AGENCY REPRESENTATIVE (PRINT NAME): _____

AGENCY REPRESENTATIVE (SIGNATURE): _____