## Why do you need the Pool & Spa Operators certification course?

This course is designed to provide guidelines for the safe operation of swimming pools and spas. As more swimming and specialized aquatic facilities are built, there is increased need for professionally trained operators. These operators must have the technical knowledge and practical experience necessary to fulfill these requirements. Pool owners, managers, and maintenance personnel are encouraged to attend. All public pools and spas in Fayette County are required by regulation to have at least one certified pool operator on duty during the hours of operation. You may certify as many as you wish.

### **Course Content**

Topics covered include the following:

- Recirculation Systems
- Filters & Filtration
- Pool Water Sanitizing
- Pool Water Chemistry
- Water Testing & Analysis
- Safety & Pool Equipment
- Preventing Disease Transmission
- Environmental Issues of Swimming Pools
- Keys to Passing Inspections



Lexington-Fayette County Health Department 650 Newtown Pike Lexington, KY 40508



859-231-9791



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LFCHD



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# Pool & Spa Operators Certification



2019 Courses

## 2019 Schedule:

March 14

April 4

April 18

May 9

May 23

June 13

June 27

July 11

July 25

September 12

### **About the Course**



\$35 registration fee. Registration forms and payment must be received at least two (2) working days before the requested class and is subject to availability.

Send the detachable form and your check (made payable to LFCHD) by mail. You may also enroll in person by coming to our office or by phone with a credit card. Cancellations or substitutions must be made within two (2) working days before the class. **No refunds.** 

#### **MAIL PAYMENTS TO:**

Lexington-Fayette County Health Department Division of Environmental Health 650 Newtown Pike, 2nd Floor Lexington, KY 40508



CLASS SIZE IS LIMITED TO 35. When classes are full, you will be moved to next available class. You will be notified of the change.

In order to receive certification, you must pass the written examination given at the end of the class. R.S. Board approved for 5.5 CEU hours.

This office does not contact participants to confirm enrollment. However, any participants rescheduled due to class size limitations will be notified. Assume you are registered in your requested class unless you are notified.

If you are sending another person or employee, it is your responsibility to notify that person of the date, time, and place of the class.

\*Note: Lunch is not provided, so please plan accordingly.



All classes are held at the Dr. Rice C. Leach Community Room, Lexington-Fayette County Health Department, 650 Newtown Pike, Lexington, KY 40508.



Sign in at 8:30 a.m. Class is from 9 a.m. to 4:30 p.m.

## Pool & Spa Operator Course Enrollment Form

| EMPLOYER INFORMATION                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name:                                                                                                                                                   |
| Address:                                                                                                                                                |
|                                                                                                                                                         |
|                                                                                                                                                         |
| Phone:                                                                                                                                                  |
|                                                                                                                                                         |
| Employee name:                                                                                                                                          |
| Class date:                                                                                                                                             |
| I have chosen a class date to attend school.                                                                                                            |
| Renewal fee of \$35 enclosed. I have attended the certification course in 2017. Note: Past school attendance must be verified by the health department. |
| Employee name:                                                                                                                                          |
| Class date:                                                                                                                                             |
| I have chosen a class date to attend school.                                                                                                            |
| Renewal fee of \$35 enclosed. I have attended the certification course in 2018. <b>Note: Past school attendance</b>                                     |

must be verified by the health department.