Floatation Tank
Plan Review Checklist

Tacoma-Pierce County Health Department
Healthy People in Healthy Communities

Facility Name _____ Application Number _____

Use this checklist to complete a floatation tank plan review packet. Check off items as you complete them. Provide items in the order listed. Make a copy of your plan review packet for your records.

Submit a completed supplemental floatation tank checklist and forms with a completed water recreation facility plan review packet. Fees are non-refundable.

✓	#	Item	Description	Office Use Only
☐	1	Wastewater Disposal	Attach the completed form signed by your sewer utility company or provide the contact information for your pumping company.	
☐	2	Floatation Tank Plan Review Questions	Complete the plan review questions about this project.	
☐	3	Statement of Efficacy and Safety	Provide a letter from disinfectant device manufacturer(s) that states the device(s) to treat float water will work effectively and safely.	
☐	4	Laboratory Agreement	Provide a letter from an approved laboratory certified by the Washington State Department of Ecology that states they will test your float water samples.	
☐	5	Operation Plans	Contamination Response Plan • Provide a plan on how the facility will respond to contamination events. Emergency Response Plan • Provide a plan on how the facility will respond to emergencies that would require evacuating the facility, such as fire, natural disasters and ozone leaks. Float Water Treatment Plan • Provide a plan on how float water, disinfection equipment and float tanks will be maintained and cleaned. Bacteriological Testing Plan • Provide a plan on how float water will be tested.	
☐	6	User Agreement and Advisory	User agreement/acknowledgement • Provide the user agreement/acknowledgement you will use. User advisory statement • Provide the advisory statement you will use.	

I understand I cannot open this water recreation facility until I have received written approval from Tacoma-Pierce County Health Department, obtained all operating permits and have been inspected and approved by all applicable city, county and state agencies.

Signature _____ Date _____