



WaterSafetyGuy.org

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2011 Edition

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Request for Proposal/Order Form - On-Site Aquatic Program Evaluation

Pool Operator Information

Pool operator: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Contact: _____ Title: _____

Facility Information

Facility Name	Address	Type of Facility

Indicate indoor/outdoor pool, multi-attraction pool, waterfront, or waterpark. If you have additional facilities, attach a second sheet.

Service Options

Service	Pricing
<input type="checkbox"/> Facility inspection (\$40 per facility/visit)	___ facilities x ___ visits/facility x \$40 =
<input type="checkbox"/> Lifeguard observation (\$20 per guard per facility per visit)	___ guards x ___ facilities x ___ visits x \$20 =
<input type="checkbox"/> WSI observation (\$20 per WSI per facility per visit)	___ WSIs x ___ facilities x ___ visits x \$20 =
<input type="checkbox"/> Lifeguard testing (\$20 per guard per facility per visit; 3 tests)	___ guards x ___ facilities x ___ visits x \$20 =
<input type="checkbox"/> Add videotaping at any session (\$10 per session)	___ inspects x ___ observes x ___ tests x \$10 =
<input type="checkbox"/> PKG 1: 1 inspect + 1 observe/2 gds + 1 test/2 gds (\$110/facility)	___ facilities x \$110 =
<input type="checkbox"/> PKG 2: 1 inspect + 3 observe/2 gds + 3 tests/2 gds (\$260/facility)	___ facilities x \$260 =
<input type="checkbox"/> PKG 3: 2 inspect + 6 observe/2 gds + 6 tests/2 gds (\$520/facility)	___ facilities x \$520 =
<input type="checkbox"/> Training (\$30 per hour/instructor; 3 hours minimum)	___ number of hours x ___ instructors x \$30 =

Total amount ordered: _____

Schedule

Service must begin by (mm/dd/yyyy): _____ and continue until (mm/dd/yyyy): _____

Signature of pool operator/representative _____ Date: _____

Using the chart(s) below, enter the hours of operation for each facility and the types of programming offered in a typical week. If there are more than two facilities, make copies of this page to attach.

Program Weekly Schedule – Facility Name: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Program Weekly Schedule – Facility Name: _____

Sunday	Sunday	Sunday	Sunday	Sunday	Sunday	Sunday