



DOH Permit No. _____ County _____

Pool Owner/Operator Verification of Entrapment Safety Features

1. Name of Facility Pool: _____

2. Street Address: _____

City: _____ Zip: _____ Facility Phone: _____

3. Owner's Name: _____
(Print Name)

4. Owner's Phone: _____ Email: _____

5. Suction Outlet Drain Cover(s) as required by section 514.0315(1), FS:

Make & Model Number: _____
(You may use additional sheets if facility has more than one device or system.)

Installation Date: _____ FL Approved Flow (GPM): _____ Life Years: _____

6. Type of Safety Device installed as required by section 514.0315(2), FS: (Check one)

a. Safety Vacuum Release System

Make & Model Number: _____
(Use additional sheets if facility has more than one device or system.)

b. Suction Limiting Vent System w/Tamper-Resistant Atmospheric Opening

c. Automatic Pump Shut-off System

Make & Model Number: _____
(Use additional sheets if facility has more than one device or system.)

d. Dual Drains (must be on the same drain line & 36" apart on center)

e. Drain Disablement (requires a construction or modification permit)

f. Gravity Drainage with Collector Tank (requires a construction or modification permit)

Installation Date: _____

7. Licensed pool contractor that installed the device/system:

(Installation by a FL licensed pool contractor is a requirement of s. 514.0315(2), Florida Statutes)

Name: _____

Phone Number: _____ License Number: _____

E-mail: _____

8. Owner's commitment to have all safety device operation & maintenance manuals on site and readily available, and to conduct routine testing of the device/system in accordance with the manufacturer's recommendations or in accordance with state code testing requirements:

Signature of Duly Authorized Person (owner, permittee, corporate officer or registered agent.)

Print Name

Date