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 ____________________________

DH 4157, 9/2015, Rule 64E-9.008(10)(c)2.