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)
   Owner’s Phone: ___________________ Email: __________________

4. 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: ___

5. 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: ______________________

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: ______________________________

7. 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.)
   ________________________________
   ________________________________

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