



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: \_\_\_\_\_

### 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.)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date