

PUBLIC POOL INTERLOCKING VERIFICATION FORM

Name of Pool: _____

Address: _____ City: _____ ZIP: _____

Owner Name: _____

Address: _____ City: _____ ZIP: _____

*The owner of the above-named pool is responsible for the proper interlocking of said pool following this verification, and all other pool operations hereafter.

I hereby affirm that, I an individual with knowledge of pool interlocking, or someone else with knowledge of pool interlocking, have inspected the above-named pool's required interlocking layers of protection. I hereby verify that the above-named pool's interlocking is functional and complies with Utah Rule R392-302- 16 and R392-302-21.

Registered Pool Operator Name: (print) _____ Date of Verification: _____

Signature: _____ Date: _____

***Optional**

Name of individual with knowledge of pool interlocking (if different from Pool Operator above):

Name: (print) _____ Relation to Business _____

Signature: _____ Date: _____

***Operator must be registered with the Salt Lake County Health Department at time of verification and submittal**

Establishment ID # 35-