

Installation of Anti-Entrapment Device/System Verification

1. Name of Facility: _____

2. Address: _____

3. Owner's Name: _____
Print name

4. Phone Number: _____

5. Type of Device: (Circle one)
- a. Safety Vacuum Release system
 - b. Suction Limiting Vent System with tamper - resistant atmospheric opening
 - c. Automatic Pump Shut-off system
 - d. Dual Drains (drains must be on the same drain line)
 - e. Drain disablement *
 - f. Gravity drainage with collector tank*

* Please note these options require a construction or modification permit

6. Make and model number: _____
(if applicable) _____

7. Date of installation: _____

8. Licensed Pool Contractor that installed the device: (installation by a FL licensed pool contractor is a requirement of s. 514.0315, Florida Statutes)

Name: _____

Phone Number: _____

License Number: _____

9. Owner's commitment to have the device's operation and maintenance manual on site and readily available and conduct regular testing of the device/system in accordance with the manufacturer's recommendations. Yes

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

Printed Name

Date

Please note that this is a voluntary form. It assists the Department of Health to gather information to ensure compliance with s. 514.0315, Florida Statutes, which is based on protecting the public health and safety of visitors/swimmers at public swimming pools and spas.