



Division of Environmental Health  
151 S University Ave, Suite 2600  
Provo UT 84601  
(801) 851-7525

# Health Department

## 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 Utah County Health Department at time of verification and submittal.

Utah County ID #: \_\_\_\_\_