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 #: __________________________