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 the 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.

Date of Verification:____________________________

Registered Pool Operator Name (print):___________________________________________________

Signature:_________________________________________________Date:____________________

*Optional
Individual with knowledge of pool interlocking providing verification (if different from Pool Operator above)

Name (print):_______________________________________________________________________

Relation to Business:_________________________________________________________________

Signature:_________________________________________________Date:____________________

*Operator must be registered with the Bear River Health Department of time of verification and submittal