

Public Pool Interlocking Verification Form

Must be completed in full

Name of Establishment: _____

Address: _____ City: _____ ZIP: _____

Owner* Name: _____

Address: _____ City: _____ ZIP: _____

*The owner of the listed pools is responsible for the proper interlocking of said pools referenced in this verification, and all other pool operations hereafter.

List all bodies of water at property that are compliant with new interlock requirement:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

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 (RPO)** Name (print): _____

Date of Interlock Verification: _____

Signature: _____ Date: _____

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

—Optional—

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

Name (print): _____ Relation to Establishment: _____

Signature: _____ Date: _____

HEALTH DEPARTMENT USE ONLY

Date Received: _____

Establishment #: _____