

Installation of Entrapment Protection 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
6. Make and model number: _____

7. Date of installation: _____
8. Licensed Contractor that installed the device:
Name: _____
Phone Number: _____
License Number: _____
9. Owner's commitment to have the device's operation and maintenance manual on site and readily available Yes

The undersigned Owner certifies that the above device meets the requirements of s. 514.0315 Florida Statutes, was installed properly and will be maintained and tested regularly per manufacturer's specifications.

Signature of Duly Authorized Person

Date

The undersigned licensed professional (either a Professional Engineer or a pool contractor, licensed by the State of Florida) certifies that the above device was properly installed and tested and meets the requirements of s. 514.0315, Florida Statutes and the standards listed therein.

Licensed Professional's printed name

License number

Licensed Professional's signature

Date