

Section 1: Location Information:

Facility Name	Street Address		
City	ZIP	Phone	
Owner* Name	Street Address		
City	State	ZIP	Phone

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

Section 2: Bodies of Water and Interlock Types:

List all bodies of water at the property and the two types of interlock installed on each:

Body of Water	Interlock 1	Interlock 2

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 bodies of water required interlocking layers of protection. I verify that the interlocking is functional and complies with Utah Rule R392-302-16 and R392-302-21.

Registered Pool Operator (RPO)** Printed Name	Date of Interlock Verification
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RPO Signature	Date
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**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)	Relationship to Facility
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Signature	Date
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HEALTH DEPARTMENT USE ONLY

Date Received: _____

Establishment #: _____

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to sign and submit via button.