



Environmental Health Services

85 E 1800 N
Logan, UT 84341
(435) 792-6570

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**