

CERTIFICATION OF INSTALLATION

PER DIRECTOR'S JOURNAL ENTRY AND IN ACCORDANCE WITH PUBLIC LAW 110-440

I, _____, HEREBY CERTIFY THAT A
PRINTED NAME OF INSTALLER

_____ WAS INSTALLED ON THE
NAME OF EQUIPMENT / DEVICE

POOL/SPA AT: _____, LOCATED AT
NAME OF FACILITY WHERE THE DEVICE WAS INSTALLED

_____ ON
ADDRESS OF FACILITY

_____. THIS DEVICE WAS INSTALLED IN
DATE OF INSTALLATION

ACCORDANCE WITH THE MANUFACTURER'S SPECIFICATIONS. AFTER
THIS DEVICE WAS INSTALLED IT WAS TESTED ACCORDING TO THE
MANUFACTURER'S SPECIFICATIONS AND WAS FOUND TO FUNCTION
PROPERLY.

SIGNATURE OF INSTALLER

DATE

SIGNATURE OF OPERATOR

DATE

***THIS FORM MUST BE RETURNED TO THE OHIO DEPARTMENT OF HEALTH
WITHIN 14 DAYS OF DEVICE INSTALLATION.***

OHIO DEPARTMENT OF HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, 246 N. HIGH ST., COLUMBUS, OH 43215

ODH USE ONLY

County: _____ Project # _____