



Suction Outlet Cover Survey for Aquatic Facilities

Please complete one form for each set of suction outlet covers at each pool

Facility name:								
Please check the Anti-entrapment device or system associated with the pools in your facility								
(Check on	e for each p	ool)						
Pool Type:	: 🗆 Main	□Wade	☐ Spa	☐ Other	_			
□ Dua	al drains spa	iced a minimur	n of 3 feet from	edge to edge.				
□ Dua	al drains loca	ated on separa	te planes.					
☐ Single main drain with Safety Vacuum Release System								
S\	/RS Make_		Model					
☐ Unblockable drain, minimum 18" x 23" size								
□ Pe	☐ Permanent drain disablement with variance approved by DHMH							
Have dra	ins been pe	rmanently disa	abled with varia	nce approved by MDH				
☐ Yes								
□ No	(please com	plete the rema	aining question	s)				
If circulation	on suction c	outlet covers, w	which does the p	oool have:				
☐ Skir	mmer							
☐ Gutters								
Location o	f suction ou	ıtlet covers:						
Number o	f suction ou	tlet covers/sur	•	or, wall, separate planes)				
Number 0	i suction ou	tiet covers/sur	прз	Suction Outl	let Cover(s)			
□Main	☐ Wade	Spa □ E	Equalizer Line [∃ Feature i.e., Fountain, e				
					(Type)			
Make				Model				
Installation	n Date		Ехр	oiration Date		_		





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□Main	☐ Wade	□Spa	☐ Equalizer Line ☐ Feature i.e., Founta	in, etc (Type)
Make			Model	
Installation	Date		Expiration Date	
□Main	☐ Wade	□Spa	☐ Equalizer Line ☐ Feature i.e., Founta	in, etc (Type)
Make			Model	
Installation Date			Expiration Date	
□Main	□ Wade	□Spa	☐ Equalizer Line ☐ Feature i.e., Founta	in, etc (Type)
Make			Model	
Installation	Date		Expiration Date	
□Main	□ Wade	□Spa	☐ Equalizer Line ☐ Feature i.e., Founta	in, etc (Type)
Make			Model	
Installation	Date		Expiration Date	
□Main Make	_		☐ Equalizer Line ☐ Feature i.e., Founta Model	in, etc (Type)
Installation	Date		Expiration Date	