

# **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 # \_\_\_\_\_