



DRAIN COVER RECALL VERIFICATION FORM

The undersigned named Builder, Pool Service Professional, and/or Installer (“Installer”) hereby, certifies that he/she has properly installed a replacement or retro-fit drain cover or covers pursuant to the May 26, 2011 CPSC recall of certain **Hayward** drain covers. In addition, the Installer further certifies that the replacement drain cover or covers have been installed consistent with **Hayward Industries, Inc** instructions.

Installer acknowledges and understands that failure to fully complete this Verification Form may result in a delay or non-payment for any such installation or related work until the following three (3) conditions are fulfilled: (1) Pool Owners/Operators must register with the manufacturer of the recalled drain cover and where applicable, the Installer must be authorized by the manufacturer to perform the replacement or retrofit of the recalled covers (2) the Verification Form has been fully completed by the Installer and submitted to the Manufacturer and (3) the original drain cover(s) that were replaced are returned to Manufacturer at the following address **One Hayward Industrial Drive, Clemmons, NC 27012**. And invoice detailing the charges must be submitted. Only reasonable charges will be reimbursed.

The Installer Certifies that the pool/in-ground spa in which the cover was replaced was a:

Wading pools (sometimes called "kiddie pools") _____

In-ground spa _____

Pool with a single drain _____

Other (Please provide description) _____

Date of Installation _____ # of Drain Covers Installed _____

Model # of Replaced/Original Drain Covers _____

of Drains installed with Retrofit _____

Model # of Retrofit for Drain Cover _____

Name of Pool Owner/Operator _____

Pool Location/Address _____

Signature of Installer

Signature of Owner/Operator (OPTIONAL)

Title: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Date: _____

Date: _____