



HAYWARD CANADA 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 drain cover or covers pursuant to the July 20, 2011 Health Canada recall of certain **Hayward Canada** square drain covers. In addition, the Installer further certifies that the replacement drain cover or covers have been installed consistent with **Hayward Industries, Inc.** instructions.

Please complete this Verification Form and submit it to Hayward Pool Products Canada, Inc. at the following address: **2880 Plymouth Drive, Oakville, ON L6H 5R4**. Upon installation of the replacement drain covers and completion of this Verification Form please destroy all recalled drain covers,

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: _____