



Floatation tank statement of safety and efficacy

FACILITY CONTACT INFORMATION:

FACILITY NAME: _____ CONTACT NAME: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

The following is to be filled out by the manufacturer:

FLOATATION DEVICE INFORMATION:

Device manufacturer: _____ Device model: _____

CONDITIONS UNDER WHICH THE TREATMENT DEVICE IS USED

Flow rate with a dirty filter: _____ (gallons per minute)

Duration of recirculation: _____ (minutes)

Floatation system volume: _____ (gallons)

Number of volumetric turnovers between bathers: _____ (gallons per minute x minutes ÷ gallons)

I, _____ (full name), the undersigned representative of _____ (company name), state that the floatation system treatment device listed above will function as intended in an effective and safe manner at the above facility. I further acknowledge the owner must maintain float water quality according to the criteria outlined by the local health jurisdiction.

Additional comments:

Manufacturer signature _____ Date signed _____