

PUBLIC POOLS NOTIFICATION FORM

O. Reg. 565/18: PUBLIC POOLS under Health Protection and Promotion Act, R.S.O. 1990, c. H.7.

- (1) At least 14 days before a public pool or public spa is put into use after construction or alteration, the owner or the owner's agent shall notify, in writing, the medical officer of health or a public health inspector for the health unit.
- (2) A person who proposes to open or re-open a pool or spa for use as a public pool or public spa after construction or alteration shall not open or re-open the pool or spa without first obtaining permission in writing from the medical officer of health or a public health inspector for the health unit where the pool or spa is situated. O. Reg. 494/17, s. 5.
- (3) At least 14 days before the re-opening of a public pool or public spa after any closure that lasts for more than four weeks, the owner or operator shall notify in writing the medical officer of health or a public health inspector for the health unit

Documentation must be provided to the health unit a minimum of 14 days prior to proposed opening

THIS NOTIFICATION FORM IS TO NOTIFY THE HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT OF:	
<input type="checkbox"/> New Facility <input type="checkbox"/> Re-opening <input type="checkbox"/> Renovation/ Alteration	
Proposed Date of Operation:	
Type of Facility: <i>(Check all that apply)</i>	<input type="checkbox"/> Recreational Centre <input type="checkbox"/> Hotel/ Motel <input type="checkbox"/> Campground <input type="checkbox"/> Spa <input type="checkbox"/> Recreational Camp <input type="checkbox"/> Public Park <input type="checkbox"/> Condominium/ Apartment
Pool Location:	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Class:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Public Spa <i>(Whirlpool/Hot Tub)</i>
If Class C:	<input type="checkbox"/> Wading Pool <input type="checkbox"/> Splash Pad/ Spray Pad <input type="checkbox"/> Water Slide Receiving Basin
If Class B:	<input type="checkbox"/> Buoy Line in Place <i>(required when slope of pool is greater than 8%)</i>

PREMISE INFORMATION	
Name of Pool:	
Legal Name:	
Business License No.:	
Pool Address: <small>Full address, including street number and name, town/city and postal code.</small>	
Mailing Address: <input type="checkbox"/> Check box if same as site address	
Phone Number:	Fax Number:
Email:	Website:

OWNER INFORMATION	
Name:	
Home/Business Address:	
Phone Number:	Email:
Are you a trained or certified pool operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OPERATOR INFORMATION <input type="checkbox"/> Check if same as Owner Information			
Name:			
Home/Business Address:			
Phone Number:		Email:	
Are you a trained or certified pool operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

OPERATION INFORMATION							
<input type="checkbox"/> Open Year Round				<input type="checkbox"/> Open Seasonally—List months: _____			
Select all days of the week the premises is open and list hours of operation:							
Day	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Open Hours							

Please contact a Public Health Inspector to discuss the legal requirements, review plans and/or conduct a pre-operational assessment, prior to opening and formal inspections being performed.

Legislation that may apply to your premise may include:

[Health Protection and Promotion Act, R.S.O. 1990, c. H.7 \(ontario.ca\)](#)

[R.R.O. 1990, Reg. 565: PUBLIC POOLS \(ontario.ca\)](#)

Local Municipality for Building/structural items and by-laws (garbage areas, zoning, business license, etc)

Useful Resources:

[Recreational Water Reference Document, 2019 \(gov.on.ca\)](#)

[Recreational Water Protocol, 2019 \(gov.on.ca\)](#)

[Guidance for Exempt Public Spas \(gov.on.ca\)](#)

Date of Notification _____

**Signature of Owner/
Operator:** _____

Any personal and personal health information that you may provide on this form is collected under the authority of relevant legislation including: the Health Protection and Promotion Act, as amended, the Regulated Health Professions Act, the Immunization of School Pupils Act, and the Personal Health Information Protection Act. This information will be used for assessment, management, treatment and reporting purposes. Your information may be shared within the Health Unit as required by legislation. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at www.hkpr.on.ca or contact the Medical Officer of Health, 200 Rose Glen Road, Port Hope, Ontario, L1A 3V6 or 1-866-888-4577.