

NOTIFICATION OF OPENING RECREATIONAL WATER FACILITY (New or Re-opening)
 Complete and return at least 14 days prior to the planned opening date.

Facility Name _____ New Re-opening

Facility Address _____

Facility Phone # _____

Pool:	Spa:	Other, Class C:
Indoor <input type="checkbox"/> Class A <input type="checkbox"/>	Indoor <input type="checkbox"/> Class A <input type="checkbox"/>	Wading Pool <input type="checkbox"/>
Outdoor <input type="checkbox"/> Class B <input type="checkbox"/>	Outdoor <input type="checkbox"/> Class B <input type="checkbox"/>	Splash Pad <input type="checkbox"/>
		Water Slide Receiving Basin <input type="checkbox"/>

Business Contact Information:

Business / Owner Name _____ Business Phone # _____

Business Address _____ Business Email _____

Designated Operator Information:

The designated operator must be trained in public pool and/or spa operation and maintenance, filtration systems, water chemistry and all relevant safety and emergency procedures. The pool/spa **may not** operate without an adequately trained, designated operator.

Is the designated operator trained as required? Yes No

Acknowledged by _____ **Date** _____

Operator Name _____ Operator Phone # _____

Mailing Address _____ Operator Email _____

Planned Opening Date _____ Building Permit (New or Altered) _____

Facility MUST be ready for public use before inspection can be completed
 Return form to the Health Unit by email inspections@mlhu.on.ca, by mail or by fax (519) 663-9276.