

## Application to Open/Re-Open a Recreational Water Facility

This is to notify the Medical Officer of Health of the intent to open/re-open the following facility:

Name of Facility:		
Address of Facility:	City:	Postal Code:
Telephone Number of Facility:		

<input type="checkbox"/> Indoor or <input type="checkbox"/> Outdoor		
<input type="checkbox"/> Public Pool:	<input type="checkbox"/> Class A or <input type="checkbox"/> Class B	
<input type="checkbox"/> Public Cold Plunge Pool:	<input type="checkbox"/> Class A or <input type="checkbox"/> Class B	
<input type="checkbox"/> Public Floatation Pool:	<input type="checkbox"/> Class A or <input type="checkbox"/> Class B	
<input type="checkbox"/> Public Spa		
<input type="checkbox"/> Class C Facility:	<input type="checkbox"/> Public Wading Pool <input type="checkbox"/> Public Spray/Splash Pad ( <input type="checkbox"/> recirculated water) <input type="checkbox"/> Public Water Slide Receiving Basin <input type="checkbox"/> Public Floatation Tank	
Supervised:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bather Load:		

Name of Owner:		
Address of Owner:	City:	Postal Code:
Telephone Number of Owner:	Email:	

Name of Designated Operator:		
Address of Operator:	City:	Postal Code:
Telephone Number of Operator:	Email:	

Date of Opening/Re-opening:	
Signature of Owner/Operator:	Date:

As the owner, I understand that I will also be considered the operator unless I designate another as my operator at this time. "Operator" means a person designated by the owner of a public pool or spa as being responsible for the operation of the pool or spa.

Every "operator" must be trained in public pool operation and maintenance, filtration systems, water chemistry and all relevant safety & emergency procedures.

**\*\*Contact the Health Unit to schedule an inspection and return this form at least 14 days before opening\*\***

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Email: environmentalhealth@swpublichealth.ca

Woodstock Site  
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