

Recreational Water Facility Opening Notification Form

Email your completed form to PHI.Intake@wdgpublichealth.ca, fax it to 519-823-4905,
or mail it your closest Public Health office:

474 Wellington Road 18, Suite 100
RR#1 Fergus, ON N1M 2W3

160 Chancellors Way
Guelph, ON N1G 0E1

180 Broadway
Orangeville, ON L9W 1K3

Facility Information

Facility Name:

Address:

City:

Postal Code:

Telephone # at the facility:

Facility Hours of Operation:

Pool Class: A B Wading Pool Splash Pad

Is the facility Indoor Outdoor If outdoor, facility is open from _____ to _____
Month/Day Month/Day

Type of disinfection used: Chlorine Bromine Other _____ (specify)

Type of filter: Sand Diatomaceous Earth Other _____ (specify)

Maximum bather load: _____ Water meter available? Yes No

Is the facility supervised at any time? Yes No

Does the pool have multiple skimmers with equalizer fittings? Yes No

Have all of the equalizer valves (if applicable) been rendered inoperable? Yes No

Do you require a Pool Operator's Manual? Yes No

Owner / Operator Information

Registered owner of the premises:

Address:

City:

Postal Code:

Name of designated facility operator:

Operator's phone number:

Signature: _____

Date of Pool Opening: _____



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Fax: 519-823-4905

1-800-265-7293 ext. 4753

www.wdgpublichealth.ca