

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

Pool operator: _____

Date of Pool Opening: _____

Facility Information		
Facility Name:		
Address:	City:	Postal Code:
Telephone # at the facility:		
Facility Hours of Operation:		
Pool Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Wading Pool <input type="checkbox"/> Splash Pad		
Is the facility <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor If outdoor, dates facility is open: _____ to _____		
Maximum bather load: _____ Water meter available? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the facility supervised at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the pool have multiple skimmers with equalizer fittings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have all of the equalizer valves (if applicable) been rendered inoperable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you require a Pool Operator's Manual? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Owner / Operator Information		
Registered owner of the premises:		
Address:	City:	Postal Code:
Name of designated facility operator:		
Operator's phone number:		



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Fax: 519-823-4905

1-800-265-7293 ext. 4753

www.wdgpublichealth.ca