

# Recreational Water Facility Opening Notification Form

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

490 Charles Allan Way  
Fergus, ON N1M 2W3

160 Chancellors Way  
Guelph, ON N1G 0E1

180 Broadway  
Orangeville, ON L9W 1K3

**Recreational Water Facility Opening Date:** \_\_\_\_\_

Facility Information			
Facility Name:			
Address:		City:	Postal Code:
Facility Telephone Number:		Email:	
Facility Hours of Operation:			
Pool Class:	<input type="checkbox"/> A	<input type="checkbox"/> B	
Pool Type:	<input type="checkbox"/> Spa <input type="checkbox"/> Floatation Pool	<input type="checkbox"/> Wading Pool <input type="checkbox"/> Floatation Tank	<input type="checkbox"/> Splash Pad <input type="checkbox"/> Hot Water Pool <input type="checkbox"/> Cold Plunge Pool
<b>If Wading Pool Selected:</b>	<input type="checkbox"/> Supervised	<input type="checkbox"/> Unsupervised	
<b>If Unsupervised:</b>	Please confirm the wading pool is less than 15cm, the required signage will be posted AND you will submit your safety plan to Public Health with this document		
	Yes	No	
Is the facility	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	If outdoor, tentative date facility will open for season:
Maximum bather load:	_____	Water meter available?	Yes      No
Is the facility supervised and are lifeguard certificate(s) available?	Yes	No	
Does the pool have skimmers with equalizer fitting and are they rendered inoperable?	Yes	No	
Do you require a Pool Operator's Manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you require a Spa 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:			