



# Peterborough Public Health Public Recreational Water Opening Notification Form

## Appendix 2

This is to notify the Medical Officer of Health of the intention to open the pool in accordance with Sections 5(2), (3), 6(1) of Ontario Regulation 565/90 made under the Health Protection and Promotion Act R.S.O. 1990, Chap. H.7.

Public Pool    Public Spa    Public Splash Pad    Public Wading Pool

Class    A    B

Indoor    Outdoor

Intended Date of Pool Opening:  
Month/Day/Year

### Recreational Water Information

Name of Pool/ Spa/ Splash Pad/ Wading Pool:

Address:

Premise Phone Number:

Registered Owner of the Premises (Company):

Mailing Address:

Phone Number:

Name of Operator (Print): **has been designated by me to operate the pool.**

Signature of Signing Officer:

Date:  
Month/Day/Year

### Operator of Recreational Water

Pool Company:

Address:

Phone:

Name of Signing Officer (Print):

Signature of Operator/Signing Officer:

Date:  
Month/Day/Year

### Building Management

Company:

Address:

Phone:

Name of Signing Officer:

Signature of Signing Officer:

Date:  
Month/Day/Year

Superintendent's Name:

Apt:

Phone:

**NOTE:** Any changes to the above mentioned information shall be immediately indicated in writing to Peterborough Public Health. In order to meet a request for the Public Health Inspector to attend the premises prior to the opening, **two weeks advance notice of the opening date is required.**

Personal information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 7. The information is used for enforcing the Act, processing demand calls, and aggregate statistical reporting. Questions about this collection can be directed to: Manager, Inspection Services, Jackson Square – 185 King Street, Peterborough, ON K9J 2R8. Telephone: 705-743-1000. \*Fax Alert: \* Sending personal information by fax is not a secure means of transmission. It is recommended that this form be returned by regular mail.