



HASTINGS PRINCE EDWARD
Public Health

PUBLIC POOL/SPA NOTIFICATION OF OPENING OR RE-OPENING*

*(i.e. closed for more than 4 weeks)

This completed form serves as notification to the Medical Officer of Health, at least 14 days in advance, of the intention to open/re-open a **pool or spa or class C facility** in accordance with Ontario Regulation 565 (Public Pools) s. 5 (1) (2) (3). The owner or the owner's agent shall not open the pool/spa until written permission of the area public health inspector is obtained.

Name of Premises: _____

Pool Class A **Pool Class B** **Pool Class A and B** **Spa** **Class C Facility**

Address: _____ Facility Phone #: _____

Building Permit Number (for construction or alteration): _____

All preparations necessary to operate in accordance with the Regulation are complete. **YES** **NO**

Proposed date of opening or re-opening: _____

Registered Owner of the Premises

Company: _____

Name: (signing officer) _____

Mailing Address: _____ Phone #: _____

City: _____ Postal Code: _____

Signature: (signing officer) _____

Operator (of the pool/spa)

Company: _____

Name: _____

Mailing Address: _____ Phone #: _____

City: _____ Postal Code: _____

Operator: _____ has been designated to operate the pool in **20**____.

Signature: _____

NOTE: Any change to the above-mentioned information shall be immediately provided to:

Hastings Prince Edward Public Health
Environmental Health
179 North Park Street, Belleville, ON K8P 4P1
T: 613-966-5500 ext. 677 | **TF:** 1-800-267-2803 | **F:** 613-966-9418 | **TTY:** 711

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